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Massachusetts Annual Victim Rights Conference

April 17, 1997
8:00 AM - 4:00 PM
State House, Boston

OCT 17 1997

DOCUMENTS COLLECTION

National Crime Victims' Rights Week: April 13-19, 1997

SPONSORS:
Massachusetts Victim and Witness Assistance Board
Massachusetts Office for Victim Assistance
Attorney General Scott Harshbarger

MOVA/VWAB
100 Cambridge Street, Room 1104
Boston, Massachusetts 02202
Phone (617) 727-5200
Fax (617) 727-6552

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Massachusetts Annual Victim Rights Conference - 1997

SPONSORS

Massachusetts Victim and Witness Assistance Board
Attorney General Scott Harshbarger, Chairman
Gerard Downing, District Attorney for Berkshire County
Mary Elen Doyle, Victim/Citizen Member
Deborah Hall Grant, Victim/Citizen Member
Elizabeth Scheibel, District Attorney for Northwestern District

Massachusetts Office for Victim Assistance
Heidi Urich, Executive Director
Paula Almeida, Office Manager
Maureen Brown, Victim Advocate
Marilee Kenney Hunt, Domestic Violence Project Coordinator
Alyssa Kazin, Victim Services Program Specialist
Jane Lindfors, Northwestern SAFEPLAN Regional Coordinator
Tracey Miller, Victim Services Assistant
Tracy Wadsworth, Policy Analyst
Tori Willis, Administrative Assistant
Heather Murphy, Intern

Office of the Attorney General
Diane Juliar, Chief, Family and Community Crimes Bureau
Judy Beals, Director, Victim Compensation and Assistance Division

CO-SPONSORS

Office of Governor William Weld
Citizens for Safety/Hands Without Guns
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Massachusetts Coalition of Battered Women Service Groups
Massachusetts District Attorneys Association
Massachusetts Office on Disability
Mothers Against Drunk Driving
Parents of Murdered Children
Peace at Home
The R.O.S.E. Fund
Victim/Witness Program Directors

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MASSACHUSETTS ANNUAL VICTIM RIGHTS CONFERENCE

State House, Boston
Thursday, April 17, 1997

Conference Program

8:00 - 8:45 **Registration, Exhibits, and Refreshments** - Nurses Hall and Grand Staircase

9:00 - 10:15 **Plenary Session** - Gardner Auditorium

Welcome: Heidi Urich, Executive Director
Massachusetts Office for Victim Assistance

Welcoming Address: Attorney General Scott Harshbarger, Chairman
Victim and Witness Assistance Board

Awards Presentation

Remarks: Governor William Weld & Lt. Governor Paul Cellucci

10:30 - 12:30 **Morning Session: Concurrent Workshops**

A. The Criminal Justice System: Current Issues

Moderator:

Diane Juliar, Chief, Family and Community Crimes Bureau, Office of the Attorney General

Panelists:

Kevin M. Burke, District Attorney for Essex County
William McAndrew, Chief Probation Officer, Taunton District Court
Honorable Jose Sanchez, Juvenile Court Judge, Lawrence District Court
Veronica Madden, Deputy Director/General Counsel, Criminal History Systems Board

Location: Park Street Church, 1 Park Street

B. Domestic Violence: Victim Services Through Batterer Accountability

Moderator:

Elizabeth Scheibel, District Attorney for the Northwestern District, and Member, Victim and Witness Assistance Board

Panelists:

Susan Clare, Survivor/ Partner Contact Counselor, Emerge
Chuck Turner, Batterers' Counselor, Emerge
Andrew Klein, Ph.D., Chief Probation Officer, Quincy District Court
Lonna Davis, Supervisor, Domestic Violence Unit, Department of Social Services
Byron Hurt, Associate Director, Mentors in Violence Prevention, Northeastern University

Location: Gardner Auditorium, State House

C. Sexual Assault: Current Issues

Moderator:

Mary Ellen Doyle, Member, Victim and Witness Assistance Board, and Member Massachusetts Parole Board

Panelists:

Sharon Simone, Advocate/ Survivor/ Educator
Gail Berry, Boston Regional Administrator, Massachusetts Society for the Prevention of Cruelty to Children
Charlene Allen, Executive Director, Boston Area Rape Crisis Center
Sally Fogerty, Deputy Director, Department of Public Health

David Deakin, Assistant District Attorney, Suffolk County District Attorney's Office
Marianne Winters, Executive Director, Massachusetts Coalition Against Sexual Assault

Location: 1 Ashburton Place, 21st Floor

D. Violence Prevention: Reducing Gang Violence

Moderator:
Gerard D. Downing, District Attorney for Berkshire County, and Member, Victim and Witness Assistance Board

Panelists:
Arnold Chamanlal, Peer Leader/Educator, Teens Against Gang Violence
Ulric Johnson, Ph.D., Founder/Director, Teens Against Gang Violence
Michael McDonald, Director of Programs, Citizens for Safety/Hands Without Guns
Monica Perez, J.D., Director of Operations, Department of Youth Services, Western Area
Ernesto "Tito" Whittington, Detective, Community Disorders Unit, Boston Police Department

Location: 1 Ashburton Place, Lower Level

E. Working with Victims with Disabilities

Moderator:
Deborah Hall Grant, Member, Victim and Witness Assistance Board

Panelists:
Karen Schneiderman, PhD, Survivor/ Member, Disabled People's Liberation Front
Doris Buonomo, Parent of Survivor
Michael Brooks, Esq, Visiting Assistant Professor, Suffolk University
Chris Womendez, Executive Director, F.I.N.E.X House
Barbara Lybarger, General Counsel, Massachusetts Office on Disability

Location: Church of the New Jerusalem, 140 Bowdoin Street

12:30 - 1:30 **Lunch** - Great Hall, 2nd floor of the State House or on your own

View Exhibits - Grand Staircase

1:30 - 2:15 **Keynote Address:** DR. LONISE BIAS

2:30 - 4:00 **Afternoon Session: Concurrent Workshops**

F. "Hitting Home": A Dramatic Presentation and Panel Discussion

Actors:

Sean Baptiste
Brittany Campbell
Maureen Daley
Elizabeth Duff
Anna Flynn
Dennis Flynn
Jenni Horwath
Tim Jackson
Tovah Kinderlehrer
Teddy Speck
Joh Stucky

Production:

Bonnie-Jean Wilbur, Director
Hilary McCann, Stage Manager
Molly Flynn, Tech Assistant/Understudy
Tom Eaton, Designer/Tech Director

Panelists:

Suzanne Dubus, Author of "Hitting Home", Women's Crisis Center of Greater Newburyport
Doug Gaudett, Batterers' Counselor, Holy Family Hospital, Lawrence
Crystal Jackson, Domestic Violence Specialist, Department of Social Services
Karen Wilk, Partnership for Violence Prevention Program, Essex County District Attorney's Office

Location: Gardner Auditorium, State House

G. Homicide Survivors: Journeys to Recovery

Moderator:

Bette Spear, Executive Director, OMEGA

Panelists:

Lynn Thomas, OMEGA
John Taylor, Living After Murder Program
Helane Smith, OMEGA
Todd McKie, OMEGA

Location: Church of the New Jerusalem, 140 Bowdoin Street

H. The Massachusetts Parole Board

Moderator:

Alberta Cook, Public Infomation Officer, Massachusetts Parole Board

Panelists:

Mary Ellen Doyle, Member, Massachusetts Parole Board, and Member, Victim and Witness Assistance Board
Marcia Hill, Director, Victim Services Unit, Massachusetts Parole Board
Timothy Zadai, Chief of Field Services, Massachusetts Parole Board
Donald LaFratta, Director, Warrant Unit and Special Operations, Massachusetts Parole Board
Noreen Murphy, Director, Hearings Unit, Massachusetts Parole Board

Location: 1 Ashburton Place, Lower Level

The Commonwealth of Massachusetts

A Proclamation

By His Excellency

GOVERNOR WILLIAM F. WELD

1997

WHEREAS: The Federal Bureau of Investigation reports that a violent crime occurs every seventeen seconds in the United States; and

WHEREAS: Violent crime crosses all gender, racial, ethnic, generational, economic, and religious boundaries, imposing profound physical, emotional, and financial losses on victims, their families, and society; and

WHEREAS: Each life lost to or touched by a senseless act of violence is one life too many; and

WHEREAS: All citizens, including crime victims, witnesses, and their families, deserve to be treated with respect, compassion, and justice; and

WHEREAS: Certain categories of crime, such as domestic violence, rape, incest, and child sexual assault, often remain underreported because victims fear skepticism, intimidation, and stigmatization; and

WHEREAS: A critical need exists for programs that assist crime victims, witnesses, and their families in protecting their rights, ensuring their safety, recovering financial losses, and rebuilding their lives, and

WHEREAS: Thousands of Massachusetts citizens, through volunteer and professional efforts, are devoted to advocating for victims' rights and services;

NOW, THEREFORE, I, WILLIAM F. WELD, Governor of the Commonwealth of Massachusetts, do hereby proclaim the week of April 13th through April 19th, 1997, to be

VICTIM RIGHTS WEEK

and urge all the citizens of the Commonwealth to take cognizance of this event and participate fittingly in its observance.

Given at the Executive Chamber in Boston, this twentieth day of February, in the year of our Lord one thousand nine hundred and ninety-seven, and of the Independence of the United States of America, the two hundred and twenty-first.

William F. Weld

WILLIAM F. WELD

By His Excellency the Governor

WILLIAM F. GALVIN
Secretary of the Commonwealth

GOD SAVE THE COMMONWEALTH OF MASSACHUSETTS

DR. LONISE P. BIAS
P.O. BOX 6431 HYATTSVILLE, MARYLAND 20789
BUSINESS (301) 341-3591

Dr. Lonise P. Bias is the mother of the late Len Bias, the University of Maryland basketball player who died June 19, 1986, of a drug-related death after being drafted by the Boston Celtics. December 4, 1990, the Bias family suffered the loss of a second son, Jay, who was violently murdered in a drive-by shooting at a Local Mall. Dr. Bias has turned these personal losses into a mission to help others. She tours the country addressing the Issues of DRUGS, ALCOHOL, FAMILY, HOPE and LOVE.

Dr. Bias is very sensitive to the problems of the Nation's Youth. She believes that the young people of this nation are REACHABLE, TEACHABLE, LOVABLE, and SAVABLE and that adults must become more sensitive to the needs of the youth. She also believes that as role models, adults must realize that children expect adults to provide their immediate and future needs. Dr. Bias's message is Universal.

Because there are so many concerns **regarding the family**, Dr. Bias shares her insight on how to overcome many of the obstacles destroying many families today in America. She shares these insights in such a profound manner that her ability to affect an audience is undeniable. She is an effective speaker who believes that in a time when there seems to be **LITTLE HOPE**, there **IS HOPE**.

She has devoted the last 10 years to traveling nationally and internationally lecturing to a wide variety of audiences—including IBM, AMWAY, Certified Underwriters, and the Drug Enforcement Agency—at conferences relating to contemporary social concerns in America. She has also lectured on College Campuses; to Community Groups; to Major League Baseball and Professional Football and Basketball Figures, and to Ecumenical Community High and Middle Schools. She has been a part of Discussion Groups and Roundtable Discussions dealing with Social and Mental Issues. In March 1996, she had an opportunity to address the President of the United States, Bill Clinton. A photo in the *Washington Post* newspaper showed the standing ovation she received from the entire audience, including the President, Vice President, and Governor of Maryland.

Dr. Bias also has appeared on many television shows, including ESPN, Close Up with Roy Firestone, Sally Jesse Rafael, Dr. Robert Schuller, he CBS Morning News, and the 700 Club. She has received the keys to numerous cities. Dr. Bias has received many awards including, the Boston Herald Community Service Award, International Women of Leadership Award, Sojourner Truth Award, Soya Humanitarian Award, and Giant Steps Parent Award. In May of 1990, Dr. Bias received an Honorary Doctorate of Eduction from Anna Maria College in Paxton, Massachusetts.

Before taking on her mission, Dr. Bias was employed by the National Bank of Washington. She is a native Washingtonian and was educated in the public schools of Washington, DC. As a member of the African Methodist Episcopal Church, she has served as a Stewardess, Missionary, Youth Advisor, and Choir Member. **She has a loving, devoted, and supportive husband and two children.**

Listing of Exhibitors:

Victim Rights Conference 1997

Asian Shelter and Advocacy Project: Boston, MA

Attorney General's Victim Compensation Unit: Boston, MA

Boston Area Rape Crisis Center, Cambridge, MA

Cape Organization for the Rights of the Disabled (CORD), Hyannis, MA

Center for Peaceable Schools, Lesley College, Boston, MA

Child Witness to Violence Project, Boston, MA

Children's Charter, Inc, Project We Can Talk About It, Waltham, MA

Criminal History Systems Board, Victim Services Unit: Boston, MA

Deana's Fund, Waltham, MA

Disabled Persons Protection Commission, Boston, MA

Domestic Violence Action Program, Brockton Family and Community Resources, Inc., Brockton, MA

Elizabeth Stone House, Jamaica Plain, MA

Harbor Me, Inc., Chelsea, MA

International Institute of Boston, Boston, MA

Joey Fournier Services, Boston, MA

Living After Murder Program (LAMP): Roxbury, MA

MADD, Massachusetts State Office: Framingham, MA.

Massachusetts Assistive Technology Partnership, Boston, MA

Massachusetts Coalition of Battered Women Service Groups: Boston, MA

Massachusetts Coalition Against Sexual Assault, Worcester, MA

Mentors in Violence Prevention (MVP), Northeastern University, Boston, MA

Museum of Fine Arts, Public Health/Public Action Students, Boston, MA

Our Sister's Place: Fall River, MA.

Parents of Murdered Children: Boston, MA.

ROCA, Inc., Teens Against Domestic Violence, Revere, MA

Services Against Family Violence: Malden, MA.

The Trauma Center, Brookline, MA

Transition House: Cambridge, MA.

Victims of Violence Program, Cambridge, MA

Weapons Related Injury System, Mass. Department of Public Health: Boston, MA

Womansplace Crisis Center: Brockton, MA.

Women's Crisis Center of Greater Newburyport, Newburyport, MA

☆Recognition of Victim Witness Advocates ☆

Celebrating Their 10 & 20 Years of Service to Crime Victims

Attorney General's Office

Cheryl Watson

Essex County District Attorney's Office

Susan Capodilupo

Middlesex County District Attorney's Office

Deborah Fogarty
Anne Foley
Jeffrey Ryan

Norfolk County District Attorney's Office

Beth Avola
★Joan Lotti 20 year advocate ★
Sandy Pimental
Kristen Ryan

Plymouth County District Attorney's Office

Michelle Mawn
Lisa Smith

Worcester County District Attorney's Office

Nancy Dickman

Massachusetts Office for Victim Assistance
Calendar of Events Recognizing Victim Rights Week
April 13 - 19, 1997

EVENT	DATE/TIME LOCATION	CONTACT
ANNUAL VICTIM RIGHTS CONFERENCE Statewide conference sponsored by the Massachusetts Office for Victim Assistance, Victim and Witness Assistance Board, and the Attorney General's Office, with co-sponsoring victim advocacy organizations.	April 17, 1997 8:00am-4:00pm State House Boston	Tori Willis MASSACHUSETTS OFFICE FOR VICTIM ASSISTANCE (617)727-5200
VICTIM SERVICES - 10 YEARS ASSISTING CRIME VICTIMS The Massachusetts Parole Board's Victim Services Unit, the first post-conviction victim services program established in Massachusetts and the fourth in the nation, celebrates its 10th anniversary with speakers and an awards ceremony. As part of its celebration, the Massachusetts Parole Board is collecting donated goods for the Elizabeth Stone House shelter for domestic violence victims. Donations may include: twin bed linens, kitchen items (silverware, pots & pans, etc.), toiletries, children's clothing, cleaning supplies, canned goods, and towels.	April 8, 1997 2:00pm-3:00pm 27-43 Wormwood St. Boston April 1-19, 1997 Call for times	Alberta I. Cook Mass. Parole Board (617)727-3271
IN LOVE AND IN DANGER: DATING VIOLENCE CONFERENCE A conference for professionals, parents and young adults on issues surrounding dating violence. Advance registration is required.	April 10, 1997 8:00am-2:45pm Marist Conference Center Framingham	Jennifer Singh Women's Protective Services (508)820-0834
"A NIGHT OF HEALING" The children of Second Step Afterschool Program in Lawrence will present an afternoon performance including art, poetry, dance, drama, and music in honor of victims of crime and their families.	April 13, 1997 2:00pm- Lawrence High School Theatre Lawrence	Giovanna Spadaro Joey Fournier Victim Services (617)248-0066
BLUE RIBBON CAMPAIGN Symbolic blue ribbons will be displayed on all Milford police cruisers. The Violence Intervention Project's monthly cable show will focus on issues facing victims.	April 13-19, 1997 Call for times Milford	Officer John D. Tiernan Milford Police Department (508)473-1113 x. 615
"SHINE YOUR LIGHTS FOR VICTIM RIGHTS" In an effort to bring attention to the needs of victims of violent crime, a national group called *Justice for All* is asking everyone to drive with their headlights on. This simple, but powerful message can be carried across the nation. Please help make this possible by spreading the word.	April 14, 1997 ALL DAY! EVERYWHERE!	

EVENT	DATE/TIME LOCATION	CONTACT
MADD MASSACHUSETTS CANDLELIGHT VIGIL MADD Massachusetts is sponsoring a Statewide Candlelight Vigil in remembrance of all victims of drunk driving crashes.	April 14, 1997 4:00pm-5:00pm Gardner Auditorium, State House Boston	Mary Moschos, Diane St. George, or Janet Snyderman MADD (508)875-3736
INFORMATION TABLE Suffolk County District Attorney's staff will display information on Domestic Violence and The Clothesline Project will be available.	April 14, 1997 9:00am-1:00pm West Roxbury District Court West Roxbury	Jenn Dean/Karen Demasey & Tara Davis-WRC Suffolk County DA (617)725-8760/ (617)524-8081
BUSINESS LEADERS RECEPTION A gathering of businesses friendly to gay/lesbian/bisexual/transgender persons to explore how businesses can play a key role in community education.	April 14, 1997 6:00pm-8:00pm One Financial Center, 38th fl. Boston	Curt Rogers Gay Men's Domestic Violence Project (617)497-7317
"INITIATIVES IN VIOLENCE PREVENTION" A panel discussion on violence prevention with presentations from professionals who work with children.	April 14, 1997 8:00pm-10:00pm McLean Hospital- Pierce Hall Belmont	Joan Wall New England Council of Child & Adolescent Psychiatry (617)942-9429
"THE YELLOW DRESS" One-woman play addressing teen dating violence with follow up discussion.	April 14-16, 1997 Call for times Newton, Worcester, Gardner, and Quincy	Alison Reynolds Deana's Fund (617)821-1087
VICTIM RIGHTS AT PARK STREET "T" STATION Distribution of victim rights information at Park Street "T" Station by Suffolk County District Attorney's office.	April 14, 16-18, 1997 8:00am-9:00am Park Street "T" Station Boston	Helena Dunn Suffolk County DAs Office (617)725-8760
VICTIM RIGHTS INFORMATION BOOTH Suffolk County Victim/Witness Advocates provide information and pamphlets on Victim Rights Week and the District Attorney's programs.	April 14-16, 1997 8:00am-10:00am Boston City Hall Boston	Michael Coffey Suffolk County DAs Office (617)725-8760

EVENT	DATE/TIME LOCATION	CONTACT
"Flowers For Victims: Extending The Circle of Safety" Families, friends, concerned community members and victims will each dedicate a flower in the name of a sexual assault and/or domestic violence victim. The ceremony will be followed by a march for the victims.	April 15, 1997 12:00pm-2:00pm City Hall Plaza Brockton	Kristen J. Ivers Womansplace Crisis Center (508)588-8255 or (508)588-2045
"Remembrance and Recognition" Awards ceremony to remember domestic violence victims and recognize the fifth anniversary of the domestic violence round table in Lawrence District Court.	April 15, 1997 3:00pm-5:00pm Lawrence District Ct. Lawrence	Michalene McCann Essex County DA's Office (508) 745-6610
Joining Forces: A Unified Response To Teen Sexual Assault The Child Abuse Unit of the Suffolk County District Attorney's Office invites directors and counselors from agencies working with teens to a training and informal discussion of issues related to identification and intervention in child physical and sexual abuse cases.	April 15, 1997 3:00pm-5:00pm One Ashburton Place, 21st floor Boston	Alisia St. Florian/Susan Goldfarb Suffolk County DA, Child Abuse Unit (617)725-8760
LAMP Remembrance Quilt - Exhibit And Reception Survivors have created individual quilt squares representing the life of a loved one lost to homicide. The joining of the squares into a quilt represents the coherence of the LAMP community as it comes together to support, protect and give comfort to one another.	April 15, 1997 4:00pm-7:00pm Roxbury Comm. Health Center 330 Martin Luther King Boulevard Roxbury	Katherine Manners LAMP, RoxComp (617)541-3790, x. 733
Meditation For Trauma Survivors Brief lecture and experiential exercise on the use of meditation for survivors of trauma.	April 15, 1997 2:00pm-3:00pm HRI Hospital 227 Babcock Street Brookline	Kevin Becker, PsyD The Trauma Center (617)731-3200 x. 499
Annapolis Street Crime Watch Meeting Presentation by a Victim Advocate from Suffolk County District Attorney's Office on resources available to victims and community cooperation.	April 15, 1997 Call for time Annapolis St. Dev't Community Hall Dorchester	Michael Glennon Suffolk County DAs Office (617)725-8748
Death Notification Seminar Sponsored by: The Governor's Highway Safety Bureau and The Pierce Foundation, Inc. Pre-registration is required.	April 16, 1997 8:00am-12:00pm UMASS/ Dartmouth	MADD Bristol County Chapter (508) 673-6233

EVENT	DATE/TIME LOCATION	CONTACT
FOURTH ANNUAL NATIONAL TELECONFERENCE - LIVING WITH GRIEF: WHEN ILLNESS IS PROLONGED Sponsored by: Hospice Foundation of America, MADD Bristol County Chapter, Hospice Outreach of Fall River, and Waring Affiliated Funeral Homes. Pre-registration is required.	April 16, 1997 1:00pm-4:00pm UMASS/ Dartmouth	MADD Bristol County Chapter (508) 673-6233
LEGAL WORKSHOPS/PROSECUTING YOUR SEXUAL ASSAULT CASE A prosecuting District Attorney and a Victim/Witness Advocate will join the Boston Area Rape Crisis Center (BARCC) to outline the ins and outs of prosecuting a sexual assault case.	April 16 & 19, 1997 6:00-8:30pm/ 8:00pm-10:30pm (respectively) BARCC Cambridge	Jennie Morris BARCC (617)492-8306
APRIL ROUND TABLE Round table discussion focusing on issues pertaining to immigration and domestic violence victims.	April 16, 1997 Call for time Brighton District Ct. Brighton	Peggy Gamal Suffolk County DA's Office (617) 782-5236
CANDLELIGHT MEMORIAL VIGIL Commemorative lighting of candles in memory of victims of violence in Massachusetts in the past year. Small candles shaped in a universal symbol of a weapon will be burned until they are consumed, thus transforming a symbol of violence into one of hope.	April 17, 1997 7:00pm- State House-Victim Tree-Park Street side Boston	Marge Rack School of the Museum of Fine Arts, Public Healthy/Public Action Students (508)282-0630
"RED TIDE" A short play focusing on dating relationships from the perspectives of four adolescent males. The play deals frankly with the issues of dating violence, sexism, self-esteem and personal responsibility.	April 17, 1997 10:30am-11:30am Governor Dummer Academy Byfield	Susan Dubus Women's Crisis Center of Greater Newburyport (508)465-2155
REMEBERENCE GARDEN PLANTING The family and friends of loved ones lost to homicide or vehicular homicide, and the staff of After Homicide Program come together to plant the Rememberance Garden. There will be a cookout following the planting at the Worcester Youth Guidance Center.	April 19, 1997 10:00am-1:00pm Lincoln Square Worcester	Maureen Ahern After Homicide Program (508)791-3261
ROAD RACE A road race co-sponsored by Bristol, Plymouth and Cape and Islands District Attorneys' offices to benefit agencies within the 3 districts. Free t-shirts to the first 50 registrants from each county, $12 registration.	April 19, 1997 12:00- Call for location	Michelle Stanton Bristol County Victim/Witness Program (508)997-0711

EVENT	DATE/TIME LOCATION	CONTACT
PERFORMANCE ARTIST - FIERCE WOMEN Powerful political performance - Poetry: Tina D'Elia and Gail Burton. All are welcome.	April 19, 1997 8:00pm-10:00pm The Institute of Contemporary Art Boston	Tina D'Elia, Performance Poet & Hotline Coordinator BARCC (617)492-8306
CANDLELIGHT VIGIL "IN MEMORY OF ALL CHARLESTOWN HOMICIDE VICTIMS" A celebration of lives lost to homicide with prayer, music, guest speakers and essay winners. Each person's name will be said aloud as a candle is lit for them. The ceremony ends with the launching of balloons and refreshments in the school hall.	April 20, 1997 3:00pm-5:00pm St. Catherine of Sienna Church 49 Vine Street Charlestown	Sandy King Charlestown After Murder Program (617)351-5000
10TH ANNUAL VICTIM RIGHTS CONFERENCE: EMERGING ISSUES IN CRIME INVESTIGATION: IMPLICATIONS FOR MEDICAL, CRIMINAL AND SOCIAL SERVICE PROFESSIONALS Annual conference commemorating Victim Rights Week. This year's event will concentrate on the connection between effective investigations and appropriate victim advocacy that lead to successful prosecutions. National speakers and local victim survivors will present at this year's conference, sponsored by Baystate Medical Center and the Hampden County District Attorney's Office.	April 25, 1997 8:00am-4:00pm Mariott Hotel Springfield	Debbie Chieco, Deputy Director Victim/Witness Assistance Program, Hampden County DA's Office (413)747-1074
FIFTH ANNUAL WALK FOR HAWC Walk five miles through historic Salem to raise money for Help for Abused Women and their Children. Registration and festivities begin at 12:00pm.	April 27, 1997 2:00pm-4:30pm Museum Place Salem	Donna Bremburg HAWC (508)744-8552
TAKE BACK THE NIGHT RALLY & MARCH This rally and march will introduce the 9th annual Week of Awareness whcih will focus this year on the many faces of family and building community and run from May 1st through May 10th.	May 1, 1997 7:00pm- Greenfield Town Commons Greenfield	Ruth Anderson-Zabre NELCWIT (413)772-0871 x. 25
HYDE PARK HIGH HEALTH ISSUES DAY Information on teen dating violence and how students can get help will be provided at this forum.	May 1, 1997 Call for time Hyde Park H. S. Hyde Park	Kristen Palma Suffolk County DAs Office (617)725-8617

The Commonwealth of Massachusetts
Victim and Witness Assistance Board
Massachusetts Office for Victim Assistance
100 Cambridge Street, Room 1104
Boston, MA 02202
(617) 727-5200 - FAX (617) 727-6552

The Massachusetts Victim Bill of Rights

The Massachusetts Victim Bill of Rights provides the following rights to crime victims in order to ensure victims a meaningful role in the criminal justice system:

The Right to Information on the Criminal Justice System:

- You have the right to be informed of how a criminal case progresses through the system, what your role is in the process, what will be expected of you, and why.
- You have the right to be informed of rights and services for victims in the court process.
- You have the right to assistance in applying for social services, financial assistance and certification to receive information about an offender.

The Right to Information on the Criminal Case Involving You:

- Upon request, you have the right to be updated on significant developments in the case.
- You have the right to be notified in a timely manner of any changes in schedule for court appearances for which you have been ordered to appear.
- You have the right to be notified of the final disposition of the case, including an explanation of the type of sentence imposed and a copy of the conditions of probation, if any.
- You have the right to be notified by the supervising probation officer whenever an offender seeks to change a restitution order.

The Right to be Heard and Present at Court Proceedings:

- You and your family members have the right to present a Victim Impact Statement to the court about the physical, emotional and financial effects of the crime on you and about your opinion regarding the sentence to be imposed.
- You have the right to submit your Victim Impact Statement to the Parole Board as part of its records on the offender.
- You have the right to be heard at any other time deemed appropriate by the judge.

The Right to Confer at Key Stages in the Court Process:

- You have the right to confer with the prosecutor before the start of the case, before a case is dismissed, and before a sentence recommendation is made.
- You have the right to confer with the prosecutor whenever a defense motion is made to obtain your psychiatric records or other confidential information.
- You have the right to confer with the probation officer about the impact of the crime on you before the officer files a full presentence report on the offender with the court.

The Right to Financial Assistance:

- You may be eligible to apply for Victim Compensation for certain out-of-pocket expenses, such as medical, counseling or funeral costs, or lost wages incurred as a direct result of the crime.

- You have the right to a witness fee for each day that you are required to be in court.
- You have the right to request that the judge order the offender to pay restitution for your crime-related losses, and to receive a copy of the offender's schedule of restitution payments.
- You may be able to pursue a civil lawsuit for damages caused as a result of the crime by consulting a private attorney.

The Right to be Notified of an Offender's Release:

- Upon request, you have the right to advance notification whenever the offender is moved to a less secure correction facility.
- Upon request, you have the right to advance notification whenever the offender receives a temporary, provisional or final release from custody.
- You have the right to be informed by the Parole Board of the offender's parole eligibility.
- You may be eligible to get additional information about the offender, such as a criminal record or the offender's compliance with the terms of a sentence.

The Right to Other Protections in the Criminal Justice System:

- You have the right to request confidentiality for yourself and family members during the court proceedings for personal information, including home address, telephone number, school and place of employment.
- You have the right to protection by law enforcement from harm or threats of harm as a result of you cooperation with the court process.
- You have the right to a safe waiting area which is separate from the defendant and the defendant's family during court proceedings.
- You have the right to a prompt disposition of the case involving you.
- You have the right to request employer and creditor intercession by the prosecutor's office if the crime or your involvement in the court process causes problems with an employer or in meeting financial obligations.
- You have the right to have any property seized as evidence returned to you as soon as possible once it is no longer needed for law enforcement purposes.
- You, as a homicide survivor, have the right to possess in the courtroom an 8x10 or smaller photograph of the victim so long as it is not displayed.

* * * * * * * * * * *

Victim Witness Assistance Programs are available in each District Attorney's Office, the Attorney General's Office and the U.S. Attorney's Office to help victims cope with the aftermath of crime and the criminal justice process. The Massachusetts Office for Victim Assistance is also a source of information and referrals for crime victims and their families and supporters.

Services available under the Victim Bill of Rights are provided to the greatest extent possible, but are subject to and depend on public funding and available resources. Victims who were physically injured or were threatened with physical injury during a crime are given priority status for services. If you wish to be notified of the status of a pending criminal case, you should provide the prosecutors office with a current address and phone number where you can be reached.

* * * * * * * * * * *

This information is now available in brochures in English, Spanish and French. Brochures in Creole, Khmer, Portuguese and Russian will soon be available. Contact the Massachusetts Office for Victim Assistance for copies. *The Victim Bill of Rights is set forth in state law in Chapter 258B of the Massachusetts General Laws.* March 1997

FROM THE ATTORNEY GENERAL

Financial help for crime victims

by Scott Harshbarger

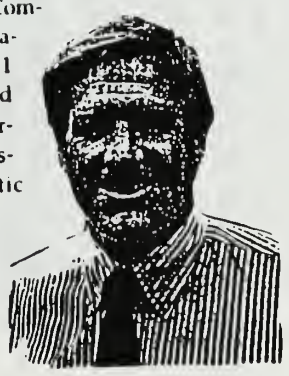
Violent crime can take a devastating physical and emotional toll on victims and their families. Many are keenly aware of the injuries, pain and psychological trauma wrought by violent crime. Less well-recognized, but no less severe, is its devastating financial impact; mounting medical bills, funeral expenses and lost wages that quickly put families in financial crisis at a time when they may be least able to cope.

Massachusetts has long provided a way for crime victims to obtain limited financial assistance. However, until 1994, victims had to file a civil lawsuit against the commonwealth in the District Court to get that assistance. Due to backlogs and overcrowded dockets, it often took up to three years for victims to receive help. In 1994, my office succeeded in securing passage of a victim compensation reform law. Under the new law, G.L. c. 258C, the Victim Compensation and Assistance Division of the Attorney General's Office now administers a program that provides financial assistance, up to a maximum of $25,000 per crime, to eligible victims and their families for medical, dental and mental health counseling expenses, funeral expenses and loss of wages or income. As members of the legal community, you can play a vital role in informing victims about the availability of victim compensation.

The new compensation process requires victims to submit a simple two-page application to the Attorney General's Victim Compensation and Assistance Division, where the claims are verified internally. As part of its review, the division must determine if a violent crime actually occurred (regardless of whether the crime resulted in a conviction, prosecution, or even arrest), if the crime was reported to law enforcement officials within five days of its occurrence (unless there was within three years of the crime (some exemptions exist), and whether or not a claimant "provoked or contributed" to his or her injuries. (For example, a drug dealer would be denied his or her claim for compensation from injuries suffered during a drug transaction.) Decisions are then generally issued within three to six months of receipt.

Under the current system there is no backlog. In fact, over a two-year period — since creation of the new procedure — my office has concluded virtually all court-based claims reducing a backlog of more than 2,000 claims to less than 40 pending cases. This accomplishment puts behind us a system long characterized by inefficiencies, delays and frustrations, and marks a true beginning for the division as a national leader in providing compensation assistance to crime victims.

Last year, the division awarded $4.26 million in compensation to crime victims. The average award was $3,062. Compensation was awarded primarily to victims of assault (51 percent of all claims) followed by homicide survivors (26 percent), victims of child sexual assault (8 percent), domestic violence victims (6 percent), adult sexual assault victims (6 percent), DWI/DUI victims (2 percent) and others (1 percent).



Scott Harshbarger

Next month, in my capacity as both attorney general and chairman of the Victim and Witness Assistance Board, I will join members of my staff, the Massachusetts Office for Victim Assistance, and the Massachusetts Victim and Witness Assistance Board in sponsoring Victims Rights Week in Massachusetts. As we approach this important date, I hope you will consider how you can help in this important outreach effort.

I hope that if the proper situation presents itself you will make referrals to Victim Compensation. This information can make a significant difference in a victim's recovery, and in whether the victim even seeks the medical and mental health services she or he needs.

Experience has shown that victim compensation does make a real difference in the lives of crime victims. As members of the legal community, I ask your help in making sure people who need victim compensation know how to get it. If you would like brochures/applications or information on Victim Rights Week, please contact my Victim Compensation and Assistance Division at (617) 727-2200.

Scott Harshbarger is the Massachusetts attorney general. His column appears each month in Lawyers Journal.

Workshop A
Criminal Justice: Current Issues

Criminal Justice: Current Issues

Moderator:

Diane Juliar, Chief
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Panelists:

Kevin Burke
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The Honorable Jose Sanchez
Juvenile Court Department
Lawrence District Court
381 Common Street
Lawrence, MA 01840
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Criminal History Systems Board
200 Arlington Street, Suite 2200
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(617) 660-4600

Coordinator:

Tracy Wadsworth, MOVA

THE VICTIM RIGHTS LAW OF 1995
FACT SHEET

BACKGROUND

A decade has passed since Massachusetts established one of the nation's first statewide systems of assistance to crime victims and enacted one of the first Victim Bill of Rights, M.G.L. c.258B. Since then, there has been enormous progress at the state and national levels in generating awareness and improving the treatment of victims of crime. Today, all but a few states have laws improving the treatment of crime victims in the criminal justice system and new standards have been put forth by the National Conference of Commissioners on Uniform State Laws.

Given the advances that have been made across the nation, the Massachusetts Victim and Witness Assistance Board conducted a comprehensive review of our existing laws to determine how effective they are in providing the desired level of protection and recognition to crime victims. The resulting legislation addresses the most critical issues identified by crime victims and continues the Commonwealth's tradition of being on the forefront of the victim rights movement.

CONTENT

This legislation declares for the first time as the Commonwealth's public policy that crime victims shall be provided with a meaningful role in the criminal justice system and that they shall be afforded certain basic and fundamental rights. The law strengthens and clarifies the Victim Bill of Rights in numerous ways, and codifies the best practices currently in use by prosecutors and victim advocates to serve crime victims. Among its many provisions, it provides that crime victims have the right:

- to confer with the prosecutor at the start of the case, before the case is dismissed, before sentencing recommendations are made, and when a defense motion has been made to obtain confidential records concerning the victim;

- to give a Victim Impact Statement prior to sentencing about the effects of the crime on the victim and as to recommended sentence in all crimes against the person and other crimes where physical injury to a person results, rather than only in felony and vehicular homicide cases;

- to be present in the courtroom, along with family members, during all public court proceedings unless the person will be called as a witness and the judge determines the person's testimony would be materially affected;

- to receive information on how the criminal justice system works, what to expect in the course of the particular criminal case, how to register with CORI, and how to file for victim compensation; and

- to receive an explanation of the type of sentence imposed by the court and information regarding the defendant's terms of probation or incarceration and parole eligibility.

The rights and services provided to victims under this law are subject to appropriation and to available resources. However, several revenue enhancement measures, which were part of the original legislation, were previously adopted by the Legislature and became law on July 1, 1994. These changes are expected to generate additional revenues to fund victim assistance programs in each of the District Attorneys' offices.

SPONSORS

Chief Sponsors: Senator Jacques, Representative McIntyre and Attorney General Harshbarger
Co-sponsors: House Speaker Flaherty; Senators Amorello, Antonioni, Barrett, Berry, Bovenni, Clancy, Hicks, Jajuga, Keating, Shannon, Travaglini and White; Representatives Brett, Caron, Cohen, Cuomo, DiMasi, Forman, Fox, Gray, Hayward, Jehlen, Kennedy, Menard, Owens-Hicks, Reinstein, Resor, Story and Thompson. (1994/1995)

ENACTMENT

This legislation was enacted by the Senate and the House of Representatives on Thursday, May 4, 1995, and signed into law by Governor Weld on May 16, 1995. The law takes effect on August 13, 1995.

The Commonwealth of Massachusetts
Victim and Witness Assistance Board
Massachusetts Office for Victim Assistance
100 Cambridge Street, Room 1104
Boston, MA 02202
(617) 727-5200 - FAX (617) 727-6552

THE VICTIM RIGHTS LAW OF 1995
Section by Section Summary

In 1983, the Massachusetts Legislature established one of the nation's first statewide systems of crime victim assistance and enacted the Victim Bill of Rights, M.G.L. c.258B. The Victim Rights Law of 1995 substantially amends the Victim Bill of Rights and related statutes by strengthening existing provisions and by adding several new provisions to enhance the rights of crime victims.

Implementation of the victim rights and services contained in this law are dependent upon there being sufficient resources to support their costs. Their availability continues to be subject to appropriation. However, several revenue-enhancement measures, which were part of the original legislation, were adopted in advance of the remaining provisions. These measures took effect on July 1, 1994, and are expected to generate additional revenues to fund victim assistance programs in each of the District Attorneys' offices.

The Victim Rights Law of 1995 will take effect on August 13, 1995. The following section by section analysis explains the provisions of this law, as well as the previously enacted revenue sections.

SECTION 1. *Safe Waiting Areas in the Courts*

- Directs the Chief Justice for Administration and Management to provide for a safe and secure waiting area or room for victims, family members and witnesses in each court, where resources permit.
- Directs the Chief Justice for Administration and Management to include provisions for a safe and secure waiting area or room for all new construction and renovations of court facilities, where resources permit.

(Amends M.G.L. c.211B, s.17.)

SECTIONS 2, 3, 4. *Revised Definitions*

- Expands the definition of a "family member" to include step relations and dependents of a victim and excludes those who have been charged for the crime against the victim.
- Adds the definition of "prosecutor" to include the Attorney General, Assistant

Attorneys General, District Attorneys, Assistant District Attorneys, police prosecutors, specially appointed attorneys, specially approved law students, and others acting for the Commonwealth, including Victim-Witness Advocates.

- Clarifies that the statute applies to delinquency, as well as criminal complaints.
- Recognizes, for the first time in statute, the role of a "Victim-Witness Advocate" in providing services to victims under this law.
- Revises the definition of "victim" to include the issuance of a complaint or indictment to qualify for services, except in those cases where the victim is an elder, child, or disabled person who was the subject of a report to a prosecutor of abuse by the relevant protective services agency.

(Amends M.G.L. c.258B, s.1.)

SECTION 5. *The Victim Bill of Rights*

Eligibility for Services:

- Authorizes prosecutors to provide services to individuals who do not meet the definition of a "victim" under this chapter (e.g., homicide cases in which no one has been charged with the crime and the surviving family members are in need of services).
- Deletes the 5-day limitation for reporting the crime or finding "good cause" for delay, which were previously required to be eligible for services.

Introductory Paragraph:

- Declares for the first time that victims shall be provided a meaningful role in the criminal justice system.
- Gives priority to services to victims of crimes against the person and crimes where physical injury to a person results.
- Declares that victims, witnesses and family members of deceased victims shall be afforded "the following basic and fundamental rights, to the greatest extent possible...."
- Retains language stating that the rights and services provided to victims under this chapter are subject to appropriation and available resources.

Substantive Provisions:

[Expands on the original provisions of the Victim Bill of Rights and reorders them to correspond to the order in which a case proceeds through the criminal justice system.]

Clause (a):

- Expands the victim's right to information by requiring prosecutors to inform victims about their rights and role in the criminal justice process, how a case progresses, and what the system may expect from the victim and why the system requires this.
- Provides that at the victim's request, the prosecutor shall periodically inform the victim of significant developments in the case.

Clause (b):

- Sets forth the right for victims and family members to be present at all court proceedings related to the offense committed against the victim, except when the victim or family member is to testify and the judge determines that the person's testimony would be materially affected by hearing other testimony.

Clause (c):

- Directs prosecutors to provide victims and witnesses with a notification form with space for the person's current telephone number and address, so they may be notified when court proceedings to which they have been summoned will not go on as scheduled. Victims and witnesses are expected to provide current information to prosecutors.

Clause (d):

- Retains the right of victims and witnesses to be informed by prosecutors about available protection and to receive protection from law enforcement from harm or threats of harm arising out of the victim's cooperation with the criminal justice system.

Clause (e):

- Retains the right of victims to be informed of and to receive assistance in applying for financial assistance and other social services, such as victim compensation.

Clause (f):

- Retains the right of victims and witnesses to have a prompt disposition of the case in which they are involved.

Clause (g):

- Establishes the right of a victim to confer with the prosecutor before the start of a trial, prior to any hearing on motions by the defense to obtain the victim's psychiatric or other confidential records, prior to the dismissal of charges against the defendant, and prior to proposing the Commonwealth's sentence recommendation to the court.
- Requires prosecutors to inform the judge of the victim's position on the prosecutor's sentencing recommendation, if known.

Clause (h):

- Offers victims the right to request confidentiality of information such as a residential address, telephone, place of employment or school, during criminal proceedings and within the criminal justice system, except as otherwise required by the court.

Clause (i):

- Retains the right of victims, family members and witnesses to a secure waiting area or room during court proceedings.
- Requires courts to designate a waiting area at each courthouse and develop reasonable safeguards to minimize contacts with the defendant or defendant's family, friends, attorneys or witnesses.

Clause (j):

- Retains the right of victims to be informed of procedures for applying for any witness fees to which they are entitled.

Clause (k):

- Retains the right of victims to receive employer and creditor intercession services if needed as a result of the victims' participation in the criminal justice system.

Clause (l):

- Retains protection for victims and witnesses from discharge, penalty or discipline by employers for attending a criminal proceeding upon receipt of a subpoena to testify.
- Authorizes sanctions for employers who violate this clause, including a fine of not more than two hundred dollars or imprisonment for not more than one month, or both.

Clause (m):

- Provides that victims be informed of their right to decline or submit to interviews by defense counsel, except when responding to lawful process, and the right to impose reasonable conditions on the conduct of such interviews.

Clause (n):

- Establishes the right of a victim to confer with the probation officer prior to the officer's filing of a full presentence report.
- Requires probation officers to record the victim's unavailability or unwillingness to confer, where applicable, on the full presentence report.

Clause (o):

- Retains a victim's right to request restitution from the offender.
- Directs prosecutors to assist victims in documenting their financial losses as part of any request for court-ordered restitution from the offender.
- Allows victims to receive a copy of the schedule of restitution payments from the probation department and the name and telephone number of the probation officer.
- Requires probation officers or other officials responsible for supervising a convicted defendant's restitution payments to notify the victim of any subsequent request for modification of the restitution order.
- Allows victims to be heard at any hearing involving a proposed modification to a restitution order.

Clause (p):

- Gives victims the right to be present a written and oral Victim Impact Statement at sentencing regarding the impact of the crime on the victim and as to a recommended sentence.
- Gives victims the right to be heard by the court at any other time deemed appropriate by the judge.
- Gives victims the right to submit the Victim Impact Statement to the parole board as part of its records regarding the perpetrator of the crime against the victim.

Clause (q):

- Retains the victim's right to be informed by the prosecutor of the final disposition of the case.
- Directs prosecutors to provide an explanation of the type of sentence imposed by the court.
- Provides victims with the right to receive a copy of the court order setting forth

the conditions of probation or other supervised or unsupervised release within 30 days of the order, and the name and telephone number of the probation officer.

Clause (r):

- Retains the right of victims to have all seized personal property returned to them within ten days or as soon as possible once it is no longer needed for law enforcement or prosecution purposes.

Clause (s):

- Directs the parole board to provide victims with information regarding a convicted offender's parole eligibility and status in the criminal justice system.

Clause (t):

- Retains a victim's right to be notified by custodial authorities whenever the defendant receives a temporary, provisional or final release from custody or escapes.
- Expands a victim's notification rights to include the right to be notified whenever a the defendant is moved from a secure facility to a less-secure facility.
- Directs that such notification of release or transfer be given in advance.
- Directs the prosecutor to inform victims of these notification rights and of the certification process required to request access to the criminal offender record information (CORI) files.
- Retains the requirement that victims requesting such notice must provide current address and telephone information.

Clause (u):

- Gives victims the right to be informed that they may have a right to pursue a civil lawsuit against the defendant or others for damages relating to the crime.

(Amends M.G.L. c.258B, ss.2-3.)

SECTION 6. *Enforcement and Implementation*

- Retains prohibition against lawsuits for damages by victims against the Commonwealth, public employees or public agencies based on rights created by this law.
- Extends the enforceability of a victim's rights under this law until the final disposition of the criminal or delinquency charges, including all post-conviction proceedings.
- Declares that law enforcement agencies, prosecutors, judges, probation officers, clerks and corrections officials shall assure that victims are afforded the rights established by this law.
- Allows the requirements to provide information to victims to be satisfied by either written or oral communication.
- Directs the Victim and Witness Assistance Board (the Massachusetts Office for Victim Assistance) to assist prosecutors in providing victim rights by preparing written materials which explain victim rights and services.
- Formally authorizes victims to request assistance from the Board, District Attorneys or the Attorney General in obtaining their rights from the court or any other criminal justice agency responsible for implementing them.

- Prevents a defendant or person convicted of a criminal or delinquency offense from seeking to set aside any conviction or sentence on the grounds that provisions of this law were not enforced.

(Creates new c.258B, ss. 11-14.)

SECTION 7. *Revisions to Victim Impact Statement Statute*

- Expands the categories of victims eligible to submit a Victim Impact Statement to the court at sentencing from victims of felony crimes and vehicular homicide to all victims of crimes against the person and crimes where physical injury to a person results.

(Amends M.G.L. c.279, s.4B.)

SECTIONS PREVIOUSLY ENACTED: *Changes to Victim Witness Assessment Provisions which took effect July 1, 1994.*

- Requires judges to make written findings of fact when waiving a convicted defendant's obligation to pay the Victim Witness Fee by reason of severe financial hardship.
- Distinguishes "severe financial hardship" criteria from the finding of indigency sufficient for purposes of appointing counsel.
- Directs the courts to record the Victim Witness Fee on the Mittimus when the Victim Witness Fee has been ordered as part of the sentence for a convicted defendant who is to be incarcerated.
- Authorizes the Department of Correction and Sheriffs to pay outstanding victim witness fees from funds in an inmate's spending account.
- Requires Probation officers to collect the Victim Witness Fee and restitution first when offenders pay court-imposed fines.
- Directs court officials to give first priority to the Victim Witness Fee when determining the order for payment of an offender's court-imposed financial obligations.

(Amends M.G.L. c.258B, s.8, and M.G.L. c.127, ss.3, 8A, 48A, 86F.)

5/16/95

An Act Establishing Crime Victim Restitution
FACT SHEET

S.250

In 1992, Massachusetts crime victims incurred more than $400 million in direct financial losses from crime, according to U.S. Department of Justice data. During the same year, approximately $3.5 million of those losses was reimbursed by the Commonwealth's Victim Compensation Program and several million dollars more was reimbursed through court-ordered restitution. While some victims have insurance to cover some crime-related financial losses, many victims have no insurance and are left to struggle with serious financial burdens while coping with crime's many other effects.

To redress these losses, court-ordered restitution is increasingly being recognized as an important tool for crime victims seeking justice from an offender, as well as an effective criminal sanction. Many states have emphasized the right to restitution as a primary feature of their victim rights law, while others have established comprehensive statutes which prescribe explicit procedures for obtaining and enforcing restitution orders.

Unfortunately, Massachusetts statutes seem particularly deficient with regard to restitution for crime victims. According to the National Victim Center's recent review of state restitution statutes, Massachusetts is one of only a handful of states that has not yet established victim restitution consistently through statute. This lack of a clear, comprehensive statute has created a loophole through which offenders escape their financial obligations to victims.

This legislation establishes a framework for the ordering, collection and enforcement of restitution to victims from offenders for the financial losses incurred as a result of the offender's criminal conduct. Its provisions were drafted after reviewing the restitution statutes and programs in more than 25 states, the federal restitution statute, and relevant case law. Inevitably, a proposal as broad as this will require additional resources for and a concerted, cooperative effort by state agencies responsible for implementing its provisions. Among other important goals, this legislation proposes to:

* Mandate restitution to all victims who have sustained financial losses as a result of the criminal actions of the offender, regardless of whether the offender is to be incarcerated.

* Establish clear categories of expenses covered and procedures for documenting the victim's financial losses, including lost or damaged property, medical expenses, counseling costs, loss of wages for victims, loss of wages for parents of child victims, travel expenses, funeral and burial costs, and insurance deductibles and co-payments.

* Standardize procedures for evaluating a defendant's present and future ability to pay restitution and other financial obligations and for determining the offender's restitution payment plan. Provide for joint and several liability to pay restitution in cases in which multiple defendants are responsible for crimes against a victim.

* Develop aggressive enforcement mechanisms to promote full collection of restitution, including making restitution a condition of parole and probation, using wage assignments, interest penalties and tax refund intercepts, retaining bail money posted by the offender, and converting restitution orders into civil judgments.

* Prioritize restitution and other assessments that support crime victim programs first among a defendant's financial obligations.

* Require an offender to reimburse the victim compensation program if restitution has been ordered and a victim has received compensation from the state.

JUVENILE CRIME AND VICTIMIZATION

After more than a decade of relative stability, the juvenile violent crime arrest rate increased by more than 50 percent between 1988 and 1994. *("Juvenile Offenders and Victims: 1996 Update on Violence, Statistics Summary". U.S. Department of Justice, Office for Juvenile Justice and Delinquency Prevention., Washington, D.C.)*

American youths aged 12-17 made up approximately 10 percent of the population in 1994, yet they represented the victim in about one out of every four crimes. *("Understanding Violent Juvenile Offenders". National Violence Prevention Conference Program, 1994. Des Moines, IA.)*

In 1994, two-thirds of victims between the ages of 12 and 19 were attacked by someone between the ages of 12 and 20; of these crimes, 83 percent were assaults and involved the use of weapons and resulted serious injury in 27 percent of attacks. *(National Crime Victimization Survey, 1994. U.S. Department of Justice, Bureau of Justice Statistics, Washington, D.C.)*

Guns accounted for 82 percent of homicides committed by juveniles in 1994. Four times as many juveniles were killed with a gun in 1994 than in 1984. *("Morbidity and Mortality Among U.S. Adolescents: An Overview of Data and Trends". American Journal of Public Heath, Vol. 86(4).)*

Four of every five delinquency cases involved a male juvenile. Juvenile males accounted for 77 percent of person offense cases, 79 percent of property offense cases, and 86 percent of drug law violations in 1994. *("Delinquency Cases in Juvenile Courts, 1994". U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Washington, D.C., 1996.)*

Juvenile arrests for Violent Crime Index offenses increased by 55 percent for females versus 33 percent for males in 1993. During this time frame, female juvenile offenders were responsible for 6 percent of all murders, 9 percent of all robberies, and 18 percent of all aggravated assaults. *("Female Offenders in the Juvenile Justice System: Statistics Summary", 1996. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Washington, D.C.)*

Follow-up studies of children who had cases of substantiated abuse or neglect found that 26 percent of the children were later arrested as juveniles. *("Victims of Childhood Sexual Abuse - Later Criminal Consequences, Research in Brief", March 1995. U.S. Department of Justice, National Institute of Justice, Washington, D.C.)*

Forty-two percent of runaway youth report that while living on the street and/or in shelters they have been robbed; 43 percent assaulted; 22 percent sexually victimized; and 28 percent traded sex for money, food or housing. *("Youth with Runaway, Throwaway and Homeless Experiences: Prevalence, Drug Use and Other At-Risk Behaviors", 1995. U.S. Health and Human Services Department, Washington, D.C.)*

The proportion of serious violent incidents that resulted in injury was the same for juveniles (35 percent) as for adults (36 percent) in 1991. *(Snyder, Howard & Melissa Sickmund, "Juvenile Offenders and Victims: A Focus on Violence," Statistics Summary, May 1995. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Washington, D.C.)*

Note: OVC makes no representation concerning the accuracy of data from non-Department of Justice sources.

Presented as a Public Service by

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OVERVIEW OF THE LAW

CHAPTER 200 OF THE ACTS OF 1996
AN ACT TO PROVIDE FOR THE PROSECUTION OF VIOLENT JUVENILE OFFENDERS IN THE CRIMINAL COURTS OF THE COMMONWEALTH

by
Carolyn Keshian
Assistant Attorney General

Chapter 200 of the Acts of 1996, a major juvenile justice reform bill, was enacted on July 27, 1996. This law represents the most significant reform of the juvenile justice system in over 25 years. The primary provisions of this legislation are: **(1)** the transfer to the superior court of exclusive jurisdiction over juvenile murder cases involving defendants age 14 to 17; **(2)** elimination of trial *de novo* from the juvenile justice system; **(3)** "trial first," before a determination as to whether juvenile or adult sentencing is appropriate, for serious cases in which the Commonwealth is seeking an adult sentence; **(4)** an increase in the kinds of cases where juvenile court proceedings and court records are open to the public; **(5)** prohibitions against the granting of firearms permits to persons adjudicated youthful offenders; **(6)** provisions to address escape from DYS; **(7)** explicit authority for members of the Committee for Public Counsel Services and certified private counsel to represent persons alleged to be youthful offenders; and **(8)** the creation of the crime of forcing or coercing gang involvement.

Effective Immediately ***(July 27, 1996)***

(1) Murder

Any juvenile charged with murder in the first or second degree occurring on or after July 27, 1996, and committed while the juvenile is between the ages of 14 and 17, must be tried in Superior Court. The juvenile court no longer has jurisdiction over murder cases, thus "transfer hearings" will no longer be necessary. Juveniles convicted of murder in the adult court will be sentenced as adults (life without parole for murder in the first degree, life with the possibility of parole after 15 years for murder in the second degree).

The law also provides for offenses arising out of the same incident or event as the murder charges against a juvenile to be tried in superior court. However, if a juvenile is only convicted of companion offenses, or lesser included offenses, but is not convicted of murder, sentencing must be in accordance with the sentencing provisions for youthful offenders, set forth below.

The law requires juveniles under to age 17, sentenced to adult prison for murder, to be held in a youthful offender unit, separate from adult offender. Such offenders cannot be classified at MCI-Concord, and cannot be held at MCI-Cedar Junction prior to age 17.

Effective October 1, 1996

The effective date for the remaining provisions of the law is October 1, 1996. The most significant reforms are described below:

(2) Elimination of Trial *De Novo*

The two-tier trial system, abolished for adults as part of the Court Reform Act of 1992, is abolished in the juvenile justice system. Thus, juvenile offenders must choose between a jury trial or a jury-waived trial in the same manner as adult offenders, for all delinquency offenses

committed on or after October 1, 1996. The new law adopts the same procedures for conducting first instance jury trials as were adopted when *de novo* was eliminated in the adult system.

(3) "Trial First"

"Trial First" replaces the current process by which the Commonwealth seeks an adult trial and sentence for a juvenile offender. Under the law existing prior to October 1, 1996, before a juvenile can be tried as an adult, the juvenile court must conduct a two-part transfer hearing, in which the Commonwealth must prove both probable cause that the juvenile committed the crimes alleged, and that the juvenile is dangerous and not amenable to rehabilitation within the juvenile justice system. These hearings precede the trial on the merits. If the judge ultimately finds the juvenile is dangerous and not amenable to rehabilitation, the juvenile is bound over to the adult court for trial and sentencing.

"Trial First" shifts the traditional focus of juvenile court proceedings, from where the trial should be held to what sentence should be imposed, in cases where the Commonwealth is seeking an adult sentence. Under the Act, trials in these cases are conducted in juvenile court and followed by a "sentencing recommendation hearing." Juvenile court judges are given expanded sentencing authority, which includes, among other sentencing options, the authority to sentence a youthful offender to the adult sentence provided by law for the offense. A brief outline of how this system works is set forth below:

Threshold Criteria

The Commonwealth may seek an adult sentence if any juvenile is between 14 and 17 years of age when the offense is committed, the offense charged is a felony, and:

a) the offender has been previously committed to

DYS; or
b) the offense involves the infliction or threat of serious bodily harm; or
c) the offense is a violation of designated firearms statutes: G.L. c. 269 § 10 (a), (c) or (d), or § 10E.

Indictment
In order to seek an adult sentence for a case meeting the threshold criteria, the Commonwealth must proceed by indictment. The indictment signifies that a juvenile, specifically designated a "Youthful Offender," is subject to adult or juvenile sanctions. The indictment is also necessary because in Massachusetts, an individual may not be subjected to imprisonment in the state prison without first having his or her case presented to a grand jury.[2]

Trial and Sentencing
All cases other than murder, including cases initiated by indictment (youthful offender cases), are tried in the juvenile court. If the juvenile is adjudicated a youthful offender on an indictment, the court must conduct a sentencing recommendation hearing to determine which of three possible sentence options would best protect the present and long-term public safety. A youthful offender may be sentenced to:

a) the adult sentence as provided by law for the offense; or
b) the Department of Youth Services until the age of 21; or
c) a "combination sentence," of a commitment to DYS until the age of 21 and a concurrent suspended adult sentence.

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[2] See *Brown v. Commissioner of Correction*, 394 Mass. 89 (1985); *Jones v. Robbins*, 74 Gray 329 (1857).

Sentencing Recommendation Hearing

The sentencing recommendation hearing is similar to an adult sentencing hearing and the "Part B" phase of a transfer hearing, as the court is required to consider information concerning the offense and the offender. Unique features of this hearing are:

Standard: In imposing a sentence, the court must determine the sentence by which "**the present and long-term public safety would best be protected**."

Factors: The law requires the court to examine several factors in making a sentencing determination. These factors are:

1. The nature, circumstance and seriousness of the offense;
2. Victim impact statement;
3. A report by a probation officer concerning the history of the youthful offender;
4. The youthful offender's court and delinquency records;
5. The success or lack of success of any past treatment or delinquency dispositions regarding the youthful offender;
6. The nature of services available through the juvenile justice system;
7. The youthful offender's age and maturity; and
8. The likelihood of avoiding future criminal conduct.

In addition, the court may consider any other relevant factors.

Placement in Adult Jail

The law requires that youthful offenders sentenced to adult prison prior to age 17 be held in a "youthful offender unit," separate from adult offenders. Such offenders cannot be classified at MCI-Concord, and cannot be held at MCI-Cedar Junction prior to age 17.

(4) Open Youthful Offender Court Records and Hearings

The new law provides that court records of youthful offender proceedings are open to public inspection in the same manner and to the same extent as adult criminal records. The law also provides that court hearings in youthful offender cases are open to the public.[3]

(5) Restrictions on Firearms Permits

The law adds a new category for disqualifying an applicant from eligibility for certain firearms permits. Thus, if an individual has been adjudicated a youthful offender, the individual is not eligible to receive:

1. A license to sell firearms, pursuant to G.L. c. 140, § 122;
2. A license to sell ammunition, pursuant to G.L. c. 140, § 122B;
3. A Firearms Identification Card, pursuant to G.L. c. 140, § 129B (this disqualification only applies where the adjudication or release from confinement for such adjudication occurred within the last 5 years);
4. A license to carry firearms, pursuant to G.L. c. 140, § 131;
5. A temporary license to carry firearms pursuant to

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[3] It appears that juvenile court judges retain the ability to exclude the public if the court determines that certain information should remain confidential in the interest of the juvenile. *News Group Boston Inc. v. Commonwealth*, 409 Mass. 627, 633 (1993).

G.L. c. 140, § 131F.

The law states that this disqualification applies even if the individual adjudicated a youthful offender did not actually recieve an adult sentence.

(6) Escape From DYS

Two provisions of the Act are designed to improve the ability of law enforcement and DYS officials to respond when committed youth escape from DYS.

1. The law makes it a crime, punishable by up to 2 years imprisonment, for a person to escape or attempt to escape from DYS.

2. The law gives DYS the authority to issue arrest warrants for youth who have escaped from DYS facilities or violated conditions of release on parole. Offenders may be arrested with or without such a warrant by a police officer, sheriff, constable, or designated person employed or authorized by DYS.

(7) Representation For Youthful Offenders

The law explicitly provides the Committee For Public Counsel Services (CPCS) with the ability to represent juveniles who may be subject to adult incaceration or commitment to DYS until the age of 21. Provision is also made for members to represent juveniles in delinquency proceedings which, if brought against adults, could result in punishment by imprisonment in state prison. Private counsel, certified to accept these cases, are also eligible to represent juveniles in these matters.

(8) New Anti-Gang Offense

The Act makes it a crime to:

- commit an assault and battery on a child under the age of 18

- for the purpose of causing or coercing the child to join or participate in a criminal conspiracy in violation of section seven of chapter two hundred and seventy four, including but not limited to a criminal street gang or other organization
  - of three or more persons
  - which has a common name, identifying sign or symbol, and
  - whose members individually or collectively engage in criminal activity.

A first offense is punishable by not less than 3 nor more than 5 years imprisonment. A second or subsequent offense is punishable by imprisonment for not less than 5 nor more than 10 years.

Note: **Juvenile Bartley-Fox Law Modified**
The so-called "Juvenile Bartley-Fox" law, which provides for mandatory terms of commitment to the Department of Youth Services upon adjudication of certain firearms offenses, was modified by Chapter 200. Minor changes to the list of offenses requiring mandatory minimum sentences were made.

Effective October 1, 1996, the mandatory terms of commitment to DYS apply to adjudications for violations of G.L. c. 269, § 10 (a), (c) and **(d), or c. 269, § 10E**. The highlighted provisions have been substituted for G.L. c. 269, § 10 (h) in the original juvenile Bartley Fox law. The law also clarifies that such commitments are not to be suspended or reduced.

SEX OFFENDER REGISTRY FACT SHEET

- 1996 Mass. Acts 239: An Act Relative to Sex Offender Registration and Community Notification. (Signed by Governor Weld on August 5, 1996).

- Provision effective immediately upon signing:

  Any person 18 years or older can receive at no cost from the Criminal History Systems Board (CHSB), a report which indicates whether an individual identified by name, date of birth, or sufficient personal identifying characteristics is a sex offender, what offense he/she was convicted or adjudicated for, and the dates of said convictions and/or adjudication's.

- All other provisions of the law are effective October 1, 1996.

- Who must register:

  Any person convicted of a sex offense, or adjudicated as a youthful offender or delinquent juvenile by reason of a sex offense, or a person released from incarceration, parole, or probation supervision for such a conviction or adjudication whichever last occurs, on or after August 1, 1981, must register with their police department.

- Sex offenses included under this statute:

  - Indecent assault and battery on a child under 14.
  - Indecent assault and battery on a mentally retarded person.
  - Indecent assault and battery on a person who has obtained the age of 14.
  - Rape (including aggravated and carnal abuse).
  - Rape of a child under 16 with force.
  - Rape and abuse of a child.
  - Assault with intent to commit rape.
  - Assault of a child under 16 with intent to commit rape.
  - Kidnapping of a child under the age 16.
  - Open and gross lewdness and lascivious behavior.
  - Unnatural and lascivious acts with child under 16.

- Responsibilities of sex offenders:

  - Register, in person, with the police department in the city or town they live in.
  - Register with the police department, in the event they plan to move to another city or town in the Commonwealth.
  - Notify the police department, in the event they plan to change their address within the city or town in which they reside.
  - Annually the offender must appear in person at the police department to verify that the data on file remains true and accurate.

- How long must a sex offender remain in the registry:

  - The duty of a sex offender to register shall end 20 years after the sex offender has been convicted or adjudicated, or has been released from all custody or supervision, whichever is the later time.
  - If the sex offender has been convicted of two or more sex offenses committed on different occasions, the duty to register shall last for the offender's life.

- Penalties for not registering:

  - Upon the first conviction for failure to register or verify registration information an offender shall be punished by imprisonment of not more 2 ½ years in a house of correction, or by a fine of not more than $1000, or by both a fine and imprisonment.
  - Upon a second and subsequent conviction the offender shall be sentenced to the house of correction for not less than 90 days, nor more than 2 ½ years and pay a fine of not more than $5000.
  - Failure to register on the part of parolees and probationers is grounds for revocation.

SEX OFFENDER REGISTRY BOARD FACT SHEET

MEMBERS:

- **Sex Offender Registry Board shall consist of 5 members appointed by the Governor as follows:**
  - The Secretary of Public Safety and/or his/her designee, shall serve as the chair of the board.

    Kathleen M. O'Toole, Secretary of Public Safety
  - A licensed psychologist or psychiatrist with special expertise in the assessment and evaluation of sex offenders, and who has knowledge of the forensic mental health system.

    Marie King, Ph.D., Director Psychological Services, Massachusetts Treatment Center
  - A licensed psychologist or psychiatrist with special expertise in the assessment and evaluation of sex offenders, including juvenile sex offenders, and who has knowledge of the forensic mental health system.

    Nick Tomich, Unit Director, Bridgewater State Hospital
  - A person who has at least five years of training and experience in probation, parole or corrections.

    William J. Stewart III, Probation Officer, Dorchester District Court
  - A person who has expertise or experience with victims of sexual abuse.

    Deborah Fogerty, Deputy Chief, Victim Witness Bureau, Middlesex County D.A.
- **Each board member will serve for a term of six (6) years.**

DUTIES:

- **Promulgating guidelines for determining the level of risk of re-offense of all sex offenders required to register.**
  - The Attorney General and the Chief Counsel of the Committee for Public Counsel services or their designees, shall assist in the development of these guidelines.
  - The guidelines shall provide three levels of notification depending on the degree of the risk to re-offend.

  A. **Level One Designation / Low Risk**
  B. **Level Two Designation / Moderate Risk**
  C. **Level Three Designation / High Risk**
- **Applying the guidelines in assessing all offenders who register.**
- **Promulgating guidelines for use by city and town police departments in disseminating Sex Offender Registry information.**
- **Making recommendations to the Superior Court regarding risk levels and community notification plans in cases where the offender has a right to judicial review and has requested a hearing.**

Workshop B

Domestic Violence:
Victim Services Through Batterer Accountability

Domestic Violence: Victim Services Through Batterer Accountability

Moderator: Elizabeth Scheibel
District Attorney for the Northwestern District
Member, Victim and Witness Assistance Board
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Northampton, MA 01060
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Panelists: Ms. Susan Clare, Survivor/Victim Advocate
Emerge
2380 Massachusetts Avenue
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Boston, MA 02115
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Coordinator: Marilee Kenney Hunt, MOVA

The Boston Globe

THE BOSTON GLOBE • TUESDAY, DECEMBER 31, 1996

In memoriam

Domestic violence cases have oppressively similar echoes. Again and again, women predict their own deaths, restraining orders are casually violated, and a brutal trail of threats and assaults leads to murders that horrify everyone but surprise almost no one.

Countless news stories crash against the shore of one insistent question: What can victims of domestic violence do to keep themselves alive?

Wrong question, the experts say. It's up to communities to do more.

Marilee Kenney Hunt tells the story of a woman who had a restraining order, bodyguards, a new address and a weapon. Her abuser killed her when she went to check her post office mailbox.

There was nothing else she could have done, says Hunt, a project coordinator at the Massachusetts Office for Victim Assistance. But in this case and others, public agencies can be more vigilant.

Hunt credits the criminal justice system for dramatically improving its handling of domestic violence, although the legal response can vary depending on the community.

But judges and police officers are only one source of protection. Hunt has a pilot program called SAFEPLAN Massachusetts that puts advocates in five courts in Hampshire and Franklin counties.

SAFEPLAN stands for Safety Assistance for Every Person Leaving Abuse Now, and its advocates help victims of domestic violence who are seeking protection orders from the courts.

JOHN MACDONALD ILLUSTRATION

The advocates provide legal information, social service referrals and advice on practical steps such as screening phone calls and opening a new bank account. But they are also angels of good timing, since research shows that victims are most vulnerable when they try to leave abusive relationships. With state money, SAFEPLAN could and should become a statewide program.

In Brookline, police are tightening up on domestic abuse with the help of a Justice Department grant that pays for more officer training and digital cameras, among other things. Some patrol cars will be fitted with laptops that can provide background information on domestic complaints.

To strengthen intolerance toward domestic violence, the Globe once again publishes its New Year's Eve list of the names of the men and women who died in 1996 as a result of domestic violence, a roster that is vigilantly maintained by the Massachusetts Office for Victim Assistance.

Hunt is careful to define domestic murders only as those that involve intimate partners; otherwise critics would accuse her of inflating the numbers to prove a false point.

So Hunt's numbers don't reflect the many cases that fall into the larger category of family abuse in which siblings murder each other, parents kill adult children, and infants and toddlers are beaten by their mothers' boyfriends or poisoned by their parents.

The state numbers also don't count Jodi Phillips, 26, of East Boston, who was allegedly killed by Wayne Barbetta, 28, an acquaintance who may have been infatuated with her, although they reportedly had no intimate relationship.

And secondary targets also aren't counted – people who get killed as a byproduct of an abuser's rage. Such was the case for Patricia Henry, 59, of Springfield, who was stabbed to death by Juan Torres, 31, her daughter's boyfriend.

Fortunately, President Clinton and Congress have put their financial muscle behind efforts to address the problem. Federal aid to Massachusetts under the Violence Against Women Act has increased from $426,000 in 1995 to $2.6 million in 1996. Advocates hope that this money, which goes directly to the criminal justice system, continues to flow at least through the year 2000, providing much-needed long-term attention.

Regretting their deaths, we honor the memory of the following people whose lives have provided society with the grim experience it needs to devise better means of protecting all its citizens.

■ Jan. 4: **Bridget Hands**, 39, of Dorchester suffered fatal stab wounds. She was allegedly killed by the man she lived with, 60-year-old James Shelton. The day before she was killed, Hands told friends that she planned to end the abusive relationship.

■ Jan. 5: **Elizabeth Cora**, 26, of Chelsea died of gunshot wounds to the head and chest. She was shot in front of her four children. Cora's ex-husband, Ramon DeJesus, 45, was arrested and charged with her murder.

■ Jan. 13: **Carrie Hope Feinberg**, 20, of Andover was found bound and gagged in the Merrimack River. Her boyfriend, Russ Dagenais, 20, was charged with her murder. Dagenais' fingerprints were reportedly found on the duct tape that was used to bind Feinberg.

■ Jan. 17: **Barbara M. Steffen**, 39, of Gardner died in an apartment fire. Police charged her fiancé, Michael P. Robichaud, 35, of Gardner with murder and arson. Steffen's death occurred about an hour after police responded to a domestic disturbance in which they ordered Robichaud to leave the apartment to "cool off."

■ Jan. 29: **Sohean Ou**, 24, of Lynn was shot in the head, allegedly by his sister's ex-boyfriend, Vuthy Mao, 32, who had gone on a rampage and threatened to kill the entire family. Mao allegedly wounded his ex-girlfriend and her mother as well as Mao's sister's boyfriend. As he was being arrested, Mao shot at police officers who returned fire, wounding him twice in the legs.

stabbed to death in her apartment with her three young sons present. The alleged assailant was her ex-boyfriend Antonio James, 32, who is believed to have fled to Jamaica.

■ March 6: **Paul Silk**, age unreported, of Norfolk was stabbed to death, allegedly by Matthew Joyce, 37, his partner. Joyce pleaded not guilty to the murder charge but had allegedly gone to the Erich Lindemann Mental Health Center and told a counselor there that he had murdered his roommate.

■ March 20: **Carmen Martins**, 26, of the Back Bay was bludgeoned to death. Her ex-boyfriend Gary Emerson, 41, was charged. He was arrested at Charlton Memorial Hospital in Fall River, reportedly after a failed suicide attempt.

■ March 25: **Sandra Blair**, 36, and her son **Justin Blair**, 8, were bludgeoned to death with a hammer while they slept. Robert Blair, the victims' husband and father, is the alleged assailant. The family had been evicted from their home and were living in a motel in Concord, N.H.

■ April 15: **Hak Bun**, 19, of Lowell was shot and killed by his live-in girlfriend, Sophea Sou, 23, who alleged that he had raped, beaten and threatened her with a loaded gun over several months.

■ June 23: **Pamela Armstrong**, 38, of Hanson was found with a bullet in her temple. Her estranged husband, Richard Armstrong, 56, was the last person to see her alive. Four months into the investigation, Richard committed suicide.

■ July 8: **Jennifer Pike**, 18, and her son **Brian Gaboriault Jr.**, 7 weeks, of Fairhaven were stabbed to death. Brian Gaboriault Sr., 20, Pike's boyfriend, is the alleged assailant.

■ July 11: **Amy Smith**, 20, of Springfield and her daughter, **Destiny**, 22 weeks, were found dead in their apartment after neighbors reported a terrible smell. The alleged assailant: Smith's boyfriend, Paul Fickling, 19.

■ Aug. 28: **Paula Rosario**, 46, of Lawrence was found dead in her apartment, apparently the victim of a murder-suicide allegedly committed by her boyfriend, José Rosa Rosa, 48.

■ Aug. 31, **Roy Richards**, 29, of Boston was stabbed to death. Richards' partner, Ernest DeBose, 33, was arrested in the murder.

■ Oct. 13: **Christine Henry**, 28, of Dorchester was stabbed multiple times in the chest, back and abdomen on her way to work. Her ex-boyfriend, Denton Ashman, 34, was arrested in Milton for the murder. When Henry died, her hand was still bandaged from a 16-stitch wound allegedly inflicted one month earlier by Ashman.

■ Nov. 10: **Kristine Painten**, 23, of East Boston was found strangled in her apartment. Police arrested her boyfriend Francisco Robles, 20, who had just been released from 6 months in the House of Correction for threatening another woman.

■ Nov. 16: **Gamal Burney**, 34, of Springfield was stabbed to death, allegedly by his wife, Laverne Burney, 33, after the two had an argument.

■ Dec. 4: **Tina Alexander**, 23, of Dighton was found dead in her apartment, allegedly shot by her boyfriend, Charles Canuel, 28, who then apparently killed himself at the scene.

■ Dec. 8: **Scott Busnengo**, 27, of Bourne was shot five times, allegedly by his girlfriend's former boyfriend Eric Arone, 33. Arone then reportedly raped his ex-girlfriend and fled, eventually committing suicide. Charges had previously been brought against Arone for threatening and assaulting Busnengo, including a case in which Arone was charged with breaking into Busnengo's home and assaulting him with a club.

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Bureau of Family and Community Health
Division of Prevention
250 Washington Street, 4th Floor
Boston, MA 02108-4619
Phone: (617) 624-5070, Fax (617) 624-5075

Certified Batterer Intervention Programs

Northeast

Greater Lawrence Mental Health Center
30 General Street
Lawrence, MA 01841
Contact: Joe Campione
Phone: (508) 683-3128 Fax: (508) 685-2741

Project RAP
202 Rantoul Street
Beverly, MA 01915
Contact: Nancy Nazaroff
Phone: (508) 927-4506 Fax: (508) 921-1294

Tri-City Mental Health & Retardation Center, Inc.
95 Pleasant Street
Lynn, MA 01901
Contact: Jack Petras
Phone: (617) 596-9220 Fax: (617) 581-9876

Project COPE, Inc.
117 N. Common Street
Lynn, MA 01902
Contact: Wendy Kent
Phone: (617) 581-9270 Fax (617) 581-2177

Adult Adolescent Counseling
661 Main Street
Malden, MA 02148
Contact: Donnell Lassiter-Stewart
Phone: (617) 324-2218 Fax: (617) 324-8568

Southeast

Brockton Family & Community Resources
18 Newton Street
Brockton, MA 02401
Contact: Pat Kelliher
Phone: (508) 583-5200 Fax: (508) 583-3775

Independence House
Agenda
P.O. Box 1982
Hyannis, MA 02601
Contact: Freddie Carbone
Phone: (508) 771-8572 Fax: (508) 778-0413

New Hope
140 Park Street
Attleboro, MA 02703
Contact: Beth Gerhardt
Phone: (508) 226-4015 Fax: (508) 226-6917

The Community Center for Non-Violence
P.O. Box 1312
New Bedford, MA 02741
Contact: Robert Heskett
Phone: (508) 996-6600 Fax: same

The Center for Health & Human Services
EDAN Program
71 Christa McAuliffe Blvd.
Plymouth, MA 02360
Contact: Kathy Spear
Phone: (508) 746-6737 Fax: (508) 747-0867

Martha's Vineyard Community Services
Box 369
Vineyard Haven, MA 02568
Contact: Ned Robinson-Lynch
Phone:(508) 693-7900 x261 Fax:(508) 693-7192

PYCO, Inc.
399 Spring Street
Fall River, MA 02720
Contact: Allan Silvia
Phone: (508) 679-0962 Fax: (508) 676-5592

Certified Batterers Intervention Programs

Southeast, continued

Family Services Association of Greater Fall River, Inc.
151 Rock Street
Fall River, MA 02720
Contact: Joe Hyde
Phone: (508) 678-7542 Fax: (508) 676-3699

Western

Gandara Mental Health
2155 Main Street
Springfield, MA 01104
Contact: Carleen Mullin
Phone: (413) 736-0395 Fax: (413) 734-1651

The Beacon Programs of Franklin Medical Center
Beacon Clinic
60 Wells Street
Greenfield, MA 01301
Contact: Richard Mayer
Phone: (413) 772-6388 Fax: (413) 773-2657

Clinical and Support Options, Inc.
100 Main Street
Athol, MA 01221
Contact; Ralph Gilmore
Phone: (508) 249-9926 Fax: (508) 249-0227

New England Domestic Abuse Programs
P.O. Box 4446
Springfield, MA 01101-4446
Contact: Craig Hilliker
Phone: (413) 263-3500 Fax: (413) 323-7667
Internet: nedap@aol.com

Berkshire Batterer Treatment Program
213 Francis Avenue
Pittsfield, MA 01201
Contact: John Raimer
Phone: (413) 499-7150 Fax (413) 445-7372

Men's Resource Center
Men Overcoming Violence (MOVE)
30 Boltwood Walk
Amherst, MA 01002
Contact: Sarah Elinoff
Phone: (413) 253-9588 Fax: (413) 253-4801

Cooley Dickinson Hospital/ Dickinson Programs
76 Pleasant Street
Northampton, MA 01060
Contact: Marilyn Richards
Phone: (413) 586-8550 Fax: (413) 585-9765

Greater Boston

Assabet Human Services, Inc.
Dammonmill Square
Concord, MA 01742
Contact: Mary E. Cormier
Phone: (508) 371-0300 Fax: (508) 369-1305

EMERGE
2380 Massachusetts Avenue
Cambridge, MA 02140
Contact: David Adams
Phone: (617) 422-1550 Fax: (617) 547-0904

Billings Human Services, Inc.
A Program of Bay State Community Services
275 Prospect Street
Norwood, MA 02062-554
Contact: Susan Sheridan
Phone: (617) 762-0060 Fax: (617) 762-0602

Common Purpose
175 Elm Street
Somerville, MA 02144
Contact: Mitch Rothenberg
Phone: (617)945-1871/628-2451 Fax (617)628-2547

Roxbury Comprehensive Community Health Center
Domestic Violence Prevention Programs
435 Warren Street
Roxbury, MA 02119
Contact: Richard Folly
Phone: (617) 541-3790 Fax: (617) 442-1409

Chelsea ASAP
A Program of Bay Cove Human Services, Inc.
100 Everett Avenue #4
Chelsea, MA 0215
Contact: Amy Harris
Phone: (617) 884-6829 Fax: (617) 884-6018

Certified Batterers Intervention Programs

Greater Boston, continued

Middlesex Human
Service Agency
50 Prospect Street
Waltham, MA 02154
Contact: Sandra Morreale
Phone: (617) 894-6110 Fax (617) 647-0412

Boston Manalive
A Program of Peace at Home
259 Massachusetts Avenue
Arlington, MA 02174
Contact: David Douglas
Phone: (617) 641-3101 Fax (617) 641-1131

Massachsuetts Alliance of Portugese Speakers
P.O. Box 119
Somerville, MA 02143
Contact: Beatriz Carvalho, LICSW
Phone: (617) 628-6065 Fax (617) 864-7621

Central

Community Health and Prevention Services
71 Pleasant Street
Leominster, MA 01453
Contact: Michael Marchese
Phone: (508) 840-0278 Fax: (508) 840-0282

Saint Vincent Hospital
25 Winthrop Street
Worcester, MA 01604-4593
Contact: Lynn Aliff-Crowley
Phone: (508) 798-6251 Fax: (508) 798-1696

P.A.V.E./ Spectrum, Inc.
105 Merrick Street
Worcester, MA 01609
Phone: (508) 797-6100 Fax: (508) 753-0393

Columbia Metro West Medical Center
Community Counseling Center of Blackstone Valley
321 Fortune Boulevard
Milford, MA 01750-2200
Contact: Judith Bolandz
Phone: (508) 473-6723 Fax (508) 478-9042

The following is a synopsis of a presentation by Lundy Bancroft made to the Plymouth County Working Group on Domestic Violence's meeting January 23, 1997:

BATTERERS

A common misconception about the treatment of batterers is that physical violence is the problem and once you stop the violence, the individual is non-abusive. The truth is that in order to use intimidating violence against an intimate partner, a person has to have certain problems within their thinking process, value system, and attitudes. The mind-set of a batterer is one of entitlement; batterers believe that they have special rights and privileges that do not apply to their partners. Because of that, batterers enforce double standards and have high demands for service and attention. Anger management or stress management programs are unsuccessful because they do not change the mind set of the batterer which is the core of the behavior.

Most victims say that violence is only one part of the problem and not always the scariest or the most painful part; and psychological abuse is often the greater problem, although the physical abuse increases the power and damage of the other behaviors.

Batterers as a rule are selfish and self-centered toward their partners. They typically see their victims' efforts to defend themselves as 'abuse,' and may define ***themselves*** as the victim. Batterers are in control of their behavior and do not often do worse than they mean to. They are very conscious of their public image and are, therefore, commonly well-liked and even respected among their friends and in their communities.

Batterers as parents:

Batterers as parents tend to be authoritarian and to use harsh discipline; they often have overly strict rules. At the same time, they are generally under involved as parents in other ways. They may lack rudimentary knowledge of their child(ren), i.e., interests, needs, development styles or difficulties. Batterers often undermine their partners with verbal abuse and intimidation in front of the child(ren), thereby communicating to the child(ren) that the victim is not worthy of attention or respect. They also work to persuade the child(ren) that the victim is to blame and that the batterer is the true victim. This treatment often leaves the victim with little authority over the children. The batterer may threaten to contact DSS or sue for custody and, he has a good chance to winning for various reasons including:

- The victim's traumatized state as a result of the abuse;

- The batterer's access to better legal representation because of control over finances; and
- The pro-father bias of the court system. (The Trial Court's own gender bias study found that, when custody is disputed in Massachusetts, men win 70% of the time.)

Facts about batterers:

- 50-70% of batterers will physically abuse their child(ren) [or the child(ren) in the home]—about 7% of non-abusers will do so;

- Batterers are 4 times more likely than non-batterers to be incest perpetrators;
- Batterers tend to involve children in the domestic violence of their mothers by verbally abusing the mother in front of the child(ren), exposing them to the actual beatings, requiring them to report on their mother's behavior and using them as weapons against her in many other ways. Psychological abuse can be as damaging to the child(ren) as physical or sexual abuse;

- Batterers are very good at turning people against each other to prevent a 'united front' between the child(ren) and the mother. They use these skills to drive wedges between mothers and the child(ren).

After separation:

- As with the victim, the risk to the children increases at separation because the batterers' desire for retaliation is generally high and the child(ren) are the best available vehicle with which to hurt the mother. Batterers also begin to have unsupervised visits once the couple separates so their behavior toward the children cannot be monitored;

- Many groups are being formed under the guise of 'father's rights,' this is actually a network that promotes unrestricted access to children by accused batterers and child abusers. There are some organizations throughout the country devoted to the promotion of responsible fatherhood, but these should not be confused with the "fathers' rights" groups;

- Batterers are determined retaliators who hold tightly to their resentments against the victim for ending the relationship or for other perceived transgressions (such as getting a restraining order or other actions of self-defense);

- Batterers are commonly neglectful of the child(ren) during visits because their main interest in visitation is to control and harass the mother.

On the bright side:

Many Massachusetts institutions have progressed in treating and assessing batterers in the last five years; Massachusetts is the only state that has battered women's advocates with the Department of Social Services. Responses by law enforcement, therapists, clergy and the criminal courts have all shown dramatic improvements, even if they still have a long way to go.

Ways to have constructive impact:

- Use of community pressure, media pressure, letters to the editor and legislative pressure to promote community awareness;

- Custody Presumption Bill — makes the presumption that batterers will not have joint or sole custody of the children and encourages judges to use care in awarding unsupervised visitation— contact your legislator to support this bill;

- Establish legal advocacy for women in probate court hearings from 209A petition hearings to divorce, custody, visitation and child support hearings;

- Increased training for batterer programs and parent educators on *Batterers as Parents*;

- Remember when talking to victims:
  - Don't be impatient with victims for not leaving the batterer immediately —getting to safety takes time and requires careful planning. Leaving before she is ready may actually be a setback for the victim and her child(ren). Trust her judgement about when to make her move.

  - Work with the victim on planning for future probate conflicts — encourage her to save letters, document the abuse, gather witnesses to write down observations, use the police and involve therapists; and

- Work with individuals to raise the monies needed for victims' appeals.

Post Presentation Questions/Answers

Q: Is it fair to say that the violence, previously directed at the mother, will be transferred to the children after the separation?

A It isn't exactly a question of "transfer" but of what strategy the abuser is likely to use to

get at the mother. An abuser who has involved the child(ren) in the abuse before the separation will certainly continue to do so afterward and will often actually get worse. If he did not involve the children before, his behavior is harder to predict and many factors need to be taken into account in order to assess his relationship with the child(ren).

Q: How can we work within the system, without waiting for legislation, to convey this information to judges?

A: Some judges make damaging decisions based on prejudices and in those cases, it is difficult to have much of an impact except through public pressure. But there are others whose errors are due to lack of information or training on domestic violence leading to the acceptance of various myths. This group is potentially educable. Judges get most of their education from explanations made to them lawyers, family service officers, mental health professionals and *guardians ad litem*. These are the people who have to educate the judges.

Comment: (not by Mr. Bancroft) Many batterers, because of their knowledge of the court system and their need to control, will file anonymous 51A's with DSS then, when they appear in court, they let the judges know that the victim is under investigation. Even when these reports are false, the judge often makes a decision before the investigation is completed.

DSS Employee: These types of allegations, in the past, would have been unsubstantiated. Recently, DSS has been supporting against the defendant for exposing the children of violence.

About the Presenter: Lundy Bancroft has worked with batterers for 9-10 years. For the past three years, he has trained Trial Court Personnel, State Police and Department of Social Services (DSS) workers for the Commonwealth. Mr. Bancroft supervises the Batterer Program in Brockton; serves as a *guardian ad litem* and frequently lectures on batterers. Prior to his current position, Mr. Bancroft was co-director at EMERGE, a batterers intervention program based in Cambridge.

Treatment

New York City's solution to treating batterers with substance abuse problems

by Deborah Knight

New York City is a challenging environment in which to set up a batterers' treatment program: a tough urban culture with a complex, multi-ethnic population, including large numbers of African Americans, Latinos, Russians and Southeast Asians. In March 1995, Dr. Jack Sarmanian opened New York City's first program to treat domestic violence offenders who had a history of criminal offenses and drug and alcohol abuse. A year and a half later the program runs 15 groups a week, including five in Spanish and one for women.

Known as the New York City Alternative Assistance Program (NYCAAP), the program works closely with the courts. Most clients referred agree to participate, since the alternative is a year in jail on a felony charge. The clients include doctors and six-figure stock brokers, but an overwhelming number of clients are indigent.

Dr. Sarmanian formerly worked for a drug and alcohol treatment program in Massachusetts. When the Massachusetts program approached the Manhattan District Court about setting up a program for batterers, the court agreed: There was no current alternative to incarceration, and the jails were bursting at the seams.

Many of the men were themselves abused as children or had parents who abused alcohol and drugs. As they grew up, they came to identify with this violence, assuming it's OK to hit, and that's what it takes to be dominant. Their aggressive feelings take over their intelligence, says Dr. Sarmanian. It's like a time bomb for the victim.

NYCAAP's philosophy

The cornerstone of the NYCAAP program is a 30-week psycho-educational group whose main focus is:

- cessation of all violence, including physical, psychological, emotional and economic; and
- absence of drugs and alcohol.

The NYCAAP accepts clients charged with abuse of a partner, child or parent. While most clients are men, Dr. Sarmanian encourages the female partners to become involved with the program through individual or couples counseling, especially if the couple is still living together. Individual counseling is available to all clients. "The more you offer," says Dr. Sarmanian, "the more potential there is to intervene."

Dr. Sarmanian also encourages clients to use the office as a base to look for housing or a job. He believes this individualized approach is key to building the trust crucial to getting the client to change.

"It's important that we aren't seen as just an agent of the law," he says. "We have to be seen as working on their behalf."

The NYCAAP demands strict compliance with program rules and remands clients back to the court as soon as they slip up. The program's three rules apply to everyone:

- You have to attend.
- You have to participate (you may not come high or stoned or hostile).
- You have to pay.

Most of the groups are run by paraprofessionals, many of whom have been in jail and are recruited from a local organization that trains ex-offenders. Dr. Sarmanian provides additional training and co-leads groups with trainees before allowing them to take over. Because of their background, these paraprofessionals have a special ability to relate to the clients.

Attendance and program goals

The groups meet weekly, attendance is closely monitored, and a monthly printout on each client is sent to the court. If a client is absent, the NYCAAP tries to contact him by phone, mail or a home visit. If necessary, staff members take him to detox. If they can't find him and he misses again, they remand him back to the court and a warrant is issued for his arrest. In some cases, after a few months in jail or a stay in detox, the judge will give the client a second chance. Often, says Dr. Sarmanian, compliance is vastly improved the second time around. These clients know that a single absence is all it takes to be sent to jail.

The NYCAAP program uses an eclectic curriculum. The focus is on the client's behavior, since many clients blame others for their problems. The New York City culture, says Dr. Sarmanian, is to be quick with words. Yelling and screaming is common, families have broken down, and there are high levels of child abuse. Most of the men have multiple

criminal histories and have grown up under the code of "hit or be hit." They take these street values into their home life and need to learn that this is unacceptable. Many have low self-esteem, don't work or work under the table, do drugs, and offer little to their families, either emotionally or economically. They have trouble, says Dr. Sarmanian, reflecting on who and what they are, and play a lot of games, especially when it comes to money.

"The families are always short of everything" says Dr. Sarmanian. "The wife will say, 'I need money' as he is getting dressed to go out, and he will see that as his being interfered with. The non-communication that takes place is massive."

Many of the men were themselves abused as children or had parents who abused alcohol and drugs. As they grew up, they came to identify with this violence, assuming it's OK to hit, and that's what it takes to be dominant. Their aggressive feelings take over their intelligence, says Dr. Sarmanian. It's like a time bomb for the victim. Participants are taught that they need to express feelings, not act them out; that a relationship is mutual; and that abuse is not necessarily only physical.

"We reinforce," says Sarmanian, "that they can be vulnerable."

The NYCAAP's approach is pragmatic, combining knowledge and therapy that addresses the reality of the clients' situation and their behavior.

"We say to them, 'If you are so much in control, what are you doing in this group?'" says Dr. Sarmanian.

Enrollment and payment

The clients pay the program cost of $750. Although the fee is pro-rated for indigent clients, everyone is expected to pay something every week. Those with drug or alcohol abuse problems must also attend a self-help group (either Alcoholics Anonymous, Cocaine Anonymous or Narcotics Anonymous).

The NYCAAP will pick up a potential client at the court (it has offices in and adjacent to several courthouses), conduct an intake, and report the outcome immediately back to the court. It accepts most clients, who then sign a release-of-information form, a formal contract agreeing to the terms of the program, and a copy of the program's rules and regulations.

For more information, contact the NYCAAP at (212) 334-5260.

The future

The NYCAAP has invested its own funds to get the program off the ground. It hopes to affiliate soon with a medical facility, which will allow it to bill Medicaid for eligible clients. This will also enable it to offer comprehensive services, including in-patient, detox, hospitalization and residential care.

One hundred clients have completed the program so far. Anecdotally, says Dr. Sarmanian, a number of them are doing well, although the program's success rate has not been documented due to a lack of funds. But one thing he is sure of: "The closer the monitoring and follow-through, the greater the chances of success."

Deborah Knight is a freelance writer in Lexington, Mass.

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Lesbian and Bisexual Battered Women

Edited from an article appeanng in MPA Quarterly, January, 1995, Vol. 38 no 4
by Beth Leventhal and Susan Cayouette, Ed.D.

A review of most literature on domestic violence could easily lead to the conclusion that battering is a male-on-female phenomenon occurring exclusively in heterosexual relationships. Very little attention has been paid to same sex domestic violence despite preliminary findings confirming that battering among lesbians, gay men and bisexuals occurs with the same frequency and severity as in heterosexual relationships. This article focuses on battered lesbians/bisexual women. While there are many similarities between woman-to-woman and man-to-man battering, there are also many differences and we encourage readers to familiarize themselves with issues involved in battering among gay/bisexual men.

Although many believe that battering among women (if they believe it exists at all) is less serious than when a man batters a woman, or that it is somehow "mutual," in fact battered lesbians/bisexual women are in just as much danger as their heterosexual counterparts.

ASSESSING BEHAVIOR

Since battering implies a power imbalance between the partners, to determine whether a particular woman is battered, a batterer or neither, it is essential to look not just at who is bigger, stronger or tougher looking. The batterer may or may not have any of those characteristics. In addition to particular behavior, therapists must look at the context in which those behaviors occur and the impact that they have. When a woman says her lover has hit her, it does not automatically mean she is the one being battered. Many battered women fight back, and many batterers present themselves as being victimized. It is necessary to look below the surface of behavior to see which partner is in control. Is the life of the woman you're talking to getting increasingly narrow? Does she change her behavior to avoid a crisis? Is she "walking on eggshells?' Does her partner blame her and does she take responsibility for their problems? If so, then she is likely to be the battered partner; any violence she commits is likely to be an act of self-defense, an effort not to control her partner but to get her partner to stop abusing her.

HOMOPHOBIA/BIPHOBIA

Using homophobia and biphobia as weapons, a heterosexual man may accuse his partner of being a lesbian if she has women friends or if she doesn't want to participate in certain sexual acts. He may make sure that she won't turn to a battered woman's program by convincing her that it is run by lesbians whose real goal is to attack or "recruit" her.

A battered lesbian/bisexual woman may be told that nobody including a shelter or the police will help her because she's queer. The batterer may threaten to reveal the partner's sexuality, a threat that can be particularly powerful when it involves telling the father of the partner's children, the partner's employer, family members, landlord, etc. A lesbian batterer may tell her bisexual partner that the abuse is a result of the partner's refusal to fully commit herself to women. A bisexual batterer may tell her lesbian partner that the abuse is a result of the partner's rigidity about relationships. If this is the battered partner's first relationship with another woman, the batterer can use societal invisibility and stereotyping of same-sex relationships to say that this is just how relationships between women are and that the partner needs to adjust.

Homophobia and biphobia also affect the battered partner's access to resources. When the batterer tells her partner that no one will help her, she may in fact be right. If she is not "out" to anyone, there may be no one to whom she can turn; she hides the relationship itself not just the battering.

If the battered partner is out to her family, they may want nothing to do with her, or they may blame the abuse on her sexual orientation.

If the woman has put a lot of effort into trying to convince people important to her that relationships between women are normal, she may fear that discussing the abuse will confirm the stereotypes she's tried to fight.

If her religion tells her that homosexuality is immoral, turning to clergy for support is out to the question. Although in Massachusetts same-sex partners are eligible for restraining orders and police protection, in practice many have been further abused in the legal system, through lack of response, literally being laughed out of court, dual arrests and/or the issuance of mutual restraining orders.

BATTERED WOMEN'S PROGRAMS & LESBIANS/BISEXUAL WOMEN

The battered women's movement has also been slow to recognize and respond to woman-to-woman battering and for the most part continues to see battering as strictly a male-on-female

phenomenon. As such, it is rare that women-to-woman battering is integrated into community education presentations, that lesbian/bisexual women's communities are included in outreach campaigns, that organizational training on homophobia and issues of battered lesbians/bisexual women is provided to staff, that the issues of batterers working in programs is addressed, or that safe services are provided to battered lesbians/bisexual women.

Even within women's communities, it has been typically difficult for battered lesbians/bisexual women to get support. Women relate that their friends, therapists, and others often deny or minimize the abuse, ally themselves with the batterer, blames them for the abuse, accuse them of splitting the community when asking for support or accountability and/or demand silence for fear of feeding negative stereotypes. They may be ostracized for using the legal system, a system which has historically been an instrument of oppression of lesbians/gay men/bisexuals.

All of these factors serve to increase battered lesbians/bisexual women's isolation and self-blame and help to perpetuate the battering.

HOW DO I KNOW WHO IS THE BATTERER?

Assessing who is the battered woman and who is the batterer is the second important task in working with lesbian/bisexual batterers. What makes identification of the batterer difficult is that often the battered woman will definitively identify herself as the perpetrator or describe an incident in which she yelled or physically fought back in response to abuse.

Emerge's[1] experience has made us aware of patterns of behaviors which batterers frequently exhibit. ...[T]he following abusive behavior may help assess whether a person is the victim or the perpetrator:

> "I'm the Victim." It's common for batterers to come and identify themselves as the victim of their partner, the courts, their family or co-workers and rare for them to accept full responsibility for their actions. Much of their energy is usually taken up avoiding responsibility by blaming others for instigating their behavior, or by excusing their own behavior with a laundry list of reasons why "she deserves *x or y or z*."

DENIAL, MINIMIZATION AND SIDETRACKING

For every batterer who begins a batterer's intervention program there are three things that may get in the way of their progress. First is denial, which often happens when batterers refuse to acknowledge what they've done, contradicting the victim, police reports, and eyewitness account. Usually, denial is the initial response to coerced treatment.

After several weeks, the cloud of denial usually lifts and some more sophisticated forms of avoidance appear. Minimization occurs when batterers acknowledge parts of the abuse, but underplay the full extent of the violence or control. For instance, they may say, "I hit her, but only with an open hand, not a closed fist," "she wasn't bleeding and didn't require hospitalization," or "she bruises easily."

Third is sidetracking where the abuser moves away from accepting responsibility for violent or controlling behaviors by focusing on other people or events. For instance, the abuser may say, "Yes, I hit her but I'm very stressed by my job and I'm having medical problems which make me tired and cranky." The focus in sidetracking moves away from the abuse and toward the victim's behavior or toward past or present "problems in the batterer's life.

Coercive patterns of control: The batterer is usually the person in the relationship who exercises control over the partner's life in various ways. For instance the abuser frequently determines directly or indirectly who the battered partner may see, confide in, or socialize with. The batterer may believe that she also deserves to control the money, important decisions, setting the emotional tone, determining what feelings are acceptable and unacceptable.

Entitlement: Abusers frequently feel entitled to particular services and behaviors from their partners including emotional caretaking, sex, maintenance of possessions and household and caretaking of children. They may expect protection of their image so that friends and relatives continue to view the batterer positively. Often batterers require their victims to devalue themselves both in the relationship and to themselves, their friends and family.

Jealousy and Ownership: Batterers often believe that their partners do not have the right to make independent decisions, particularly if those decisions diverge from the batterers'. They often believe that they have the right to continue a relationship long after the victim has decided to end it. One reason women stay in abusive relationships is that batterers often will not accept the partner's statements or pleas that the relationship is over. We frequently hear stories from batterers of how they continue to monitor partners through phone calls, by following them, or by checking up on them through friends and

relatives long after the relationship has ended.

HOW DO I TREAT THE BATTERER?
Often this question needs to be responded to on two levels: How do I counsel the batterer? and How do I act toward the batterer?

If you have been doing individual or couples counseling with the batterer and are now clear who is the perpetrator, it is time to develop new treatment approaches.

If you have been doing couples counseling, it is clear that this should stop as soon as you can make a referral for the batterer to a batterers program certified by the Department of Public Health. However, before you make it clear to the couple that you can't continue to see them together, it is crucial that you speak with each party separately. You may explain your beliefs about the abuse to the abused partner, offer her validation and support, and give her referrals for therapy, a support group, and a shelter. Couples counseling is very dangerous for battered women, and Emerge can offer numerous references for professional articles which explain why this treatment is inappropriate for batterers.

If the batterer is willing to accept a referral, this could be a relatively smooth process. But let's suppose she says, "No, you're wrong. I'm not a batterer, and I'll just shop elsewhere for a couples therapist." Batterers often try to bully providers into giving the kind of treatment they want. You still should not provide couples counseling, but hopefully you've at least been able to warn the partner what could happen.

At this time, you can explain to the abuser why you suspect she is abusive and add that you want an expert in the field to make future evaluations of her treatment needs.

If the batterer is your individual client, you need to go through a similar process of information gathering, discussion with her about her abusive behavior, and eventual referral to a specialist in working with batterers. You may also want to continue to see her individually to work on psychological issues unrelated to her abusive behavior. It's important that she agree to sign a release so that you can have regular contact with her abuse counselor, in order that counselors not work at cross purposes.

In making the referral to a certified intervention program, it's important to remember that a "bad" program is worse that no treatment at all. More damage can occur if batterers get "credentialed" as actually completing a program, when they really have done no work. The focus of a good program should be on safety and advocacy for the targets of battering. Helping the batterer change needs to be the second priority, with the safety of women and children the first. Programs need to hold batterers responsible for their actions, refuse to accept excuses and justifications, and refuse to accept the abuser's characterizations of their partners and the history of events without substantiation from the partners or authorities.

Counselors also need to look at how they respond to the batterer. Counselors sometimes are overly solicitous of the more abusive or outwardly hostile partner, feeling grateful for the very minimal responses that abusive and controlling people offer or feeling a misplaced compassion for the perpetrators, who may be asking for emotional support as a previous victim of other forms of violence. It is important not to get pulled into the abusers' need for support or their unhappiness when they are asked to be accountable for abusive or controlling behaviors. Batterers are use to demanding that abuse not be put "on the table," that they not be labeled abusive, that they not be asked to change, and that their partners not be given support and validation. The fact that they may end up being unhappy or dissatisfied with their counseling does not mean that you are doing the wrong things. In fact, their negative response may mean that you are approaching the situation correctly, but that they are beginning to try to regain control of the counseling.

The most helpful responses will continue to be referrals to counselors experienced with batterers, refusal to collude with their excuses and justification, and firm limit-setting about their behavior during meetings. Responding sympathetically to sidetracking stories of past abuse or allowing them to focus on other problems does them a disservice. Batterers can change their behavior, but only if counselors are committed to acknowledging the abuse and focusing on stopping it.

Beth Leventhal is Coordinator of Network for Battered Lesbians and a member of the Board of Directors of Emerge.
Susan Cayouette, Ed.D., is Clinical Director of Emerge, Counseling Education to Stop Male Violence.

[1] Emerge is a DPH certified Batterer's Intervention program which was started 17 years ago. For the past 2 years, Emerge has been working with lesbian/bisexual batterers.

Three Valuable Brand New Tools for Lawyers

Three extremely useful books have become available in 1996 for attorneys representing battered women, each for a different audience or purpose.

Representing Battered Women in Civil and Criminal Cases

The first is **Florida Domestic Violence Law**, edited by Susan Swihart (Florida Bar Association, 1996), which deals with the entire spectrum of numerous types of domestic violence cases. Although almost half of the book is geared to Florida attorneys, the majority of the articles have a national perspective. The book covers all aspects of representing battered women, including the emotional and ethical issues involved in representing battered women in civil and criminal cases, and safety points for your own office. The book also includes articles on ethical and practical considerations in representing batterers. The approximately 1500 page book (of small, but highly readable text) is filled with excellent articles that attorneys will want to cite as references in briefs or to have in cross examining expert witnesses. A few of the authors with whom *DVR* readers will be familiar are Joan Zorza, Fredrica Lehrman, and Lesley Orloff. Other authors include, Mary Ann Dutton, Robin Hassler, Kathleen Connor, Judge Linda Dakis, David Adams, and Deanna Jang. The topics covered include such cutting edge issues as stalking, teen dating violence, elderly domestic violence, domestic violence in the military, same sex abuse, substance abuse, suing batterers and police, insurance coverage for battered women, immigration law, tax issues and representing children in abuse cases.

Even the Florida specific parts should prove valuable as models for practice in other states and also give other states a model for what should be included in similar manuals (and Susan Swihart of the Florida Bar may be willing to help other states compile similar state specific references). The many invaluable checklists, forms, and motions will help prosecutors prosecuting batterers and defense lawyers representing battered women at all stages of criminal cases, including in the seeking of clemency.

Florida Domestic Violence Law costs $100 and is available from the Florida Bar Association, 650 Apalachee Parkway, Tallahassee, FL 32399-2300.

Remedies for Battered Women

The second book is **Domestic Violence Practice and Procedure** by Fredrica L. Lehrman (Clark Boardman Callaghan, 1996), which is a very different kind of book for domestic violence practitioners. It is thoroughly researched with numerous footnotes citing state statutes and case law to explain how to bring a divorce, custody, or tort suit, or an action to enforce a protective order, or an action to defend a battered woman who kills her abuser. This is probably the first book to comprehensively discuss the numerous possible tort remedies that a battered woman has against her abuser, the police, or her employer. Lehrman has greatly expanded upon the articles that she wrote for the first three issues of *DVR*, turning her discussion of torts against the abuser into 326 sections, covering assault and battery, stalking, transmission of a sexually transmitted disease, false imprisonment, intentional or reckless infliction of emotional distress, negligent infliction of emotional distress, defamation, wrongful death, property torts, and economic torts, as well as conflict of law issues and attorney liability. For example, one chapter discusses torts against the police for failure to protect battered women or failure to arrest abusers. Another chapter is devoted to remedies available to victims injured at the workplace (including suits for negligent hiring, retention, or supervision of employees; sexual harassment; or wrongful discharge when the employer discharges the victim instead of excluding the abuser). Other chapters discuss the new crimes and remedies created pursuant to the Violence Against Women Act, insurance coverage for domestic torts, how to handle domestic violence cases in the context of divorce and custody cases, defending the battered woman accused of a crime, and the uses of expert testimony on "battered person syndrome" in various contexts. The approximately 1000 pages of this book make an invaluable reference, especially for anyone bringing a tort suit against an abuser. This may be the book that is credited with enabling attorneys to sue abusers to hold them accountable.

Domestic Violence Practice and Procedure is available from Clark Boardman Callaghan for $150.00 at 1-800-323-1336.

Impact of Domestic Violence on Various Legal Practices

The third book, **The Impact of Domestic Violence on Your Legal Practice: A Lawyer's Handbook** (ABA, 1996), is another product of the American Bar Association's Commission on Domestic Violence (see *Disney Produces Children's Video for ABA Commission on Domestic Violence*, I(5) *DVR* 16). Edited by Deborah M. Goelman, Fredrica L. Lehrman, and Roberta Valente, it is an easy to use, comprehensive compendium meant to sensitize the entire bar to the domestic violence implications of their practices and teach them what they need to know to represent battered women well and responsibly. Few attorneys now bother to screen cases for domestic violence implications. A client who consults an attorney regarding, among other things, a tax liability question or a question regarding the sale of property, or because she needs a will, prenuptial agreement, or a divorce, may be a battered woman. Or the client may be an abuser, providing the attorney with a perfect opportunity to get the abuser help before the abuser ends up with a criminal record or large tort liability. Or the lawyer may be told outright that the client is abused, but has little or no idea how to protect the client. Accordingly, the book gives very practical advice over a large range of subjects, geared to practitioners who are not aware of the broad effects of domestic violence in their specialties. Each chapter is short and ends with a summary checklist. Among the legal fields covered are family, criminal, employment, tax, military, real property, mediation, sport and entertainment, insurance, and tort law, as well as litigation and ethical considerations for all lawyers. The book also contains useful appendices on bar association and domestic violence referrals. The long list of contributors for this unique book includes many of the *DVR* advisory board attorneys, editors and contributors, as well as other friends.

The Impact of Domestic Violence on Your Legal Practice is available for $38.95 (including shipping and handling) by calling the American Bar Association at their publications center in Chicago, 312-988-5522. ■

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Abuser's Rights Are Narrowly Construed Under Domestic Violence Protection Act: No Visitation Rights for Non-Father

Editor's note: DVR Assistant Editor Nancy Lemon appeared as an expert witness for Ms. Woodward and Editor Joan Zorza and California attorney Lauren S. Taylor filed the amicus brief on her behalf, joined by 36 national and state domestic violence programs.

When Virginia Woodward and Robert Barkaloff met in January 1986, she was already obviously pregnant. The two began dating and Woodward told Barkaloff she did not know who the father was. They started living together shortly before Woodward gave birth. Barkaloff trained as a labor coach and was present when she gave birth to a daughter, Cassandra. The couple lived together on and off for five years and had another daughter together. The couple held Barkaloff out to the world as the father of both children. He participated in child rearing and assumed parental responsibilities. Woodward and Barkaloff's relationship was characterized as "stormy" and there were incidents of physical violence and also allegations that Barkaloff "engaged with [the children] in sexually inappropriate ways."

Woodward left permanently in late 1991, and later filed for restraining orders against Barkaloff on behalf of herself and her two daughters under the Domestic Violence Protection Act (DVPA). She also sought child support from Barkaloff for their biological child and asked that Barkaloff's visitation with Cassandra be suspended. Barkaloff then instituted proceedings under the Uniform Parentage Act (UPA) to establish a parent and child relationship between him and both of the daughters and sought joint custody and child support. Both parties appeared in the DVPA action and stipulated to mutual restraining orders, temporary custody of both girls in Woodward, and unsupervised visitation rights to Barkaloff.

In response to Barkaloff's UPA action, Woodward disputed Barkaloff's allegation that he was Cassandra's father and requested a blood test. In a consolidated hearing on both actions, Woodward sought suspension of Barkaloff's visitation with Cassandra, challenging the court's jurisdiction to grant him visitation with Cassandra when he was not her biological father. The court found no basis under the UPA to grant visitation, but held that the DVPA did provide a vehicle for a visitation order. In a final hearing to determine whether visitation was proper, the court found that it would be detrimental to Cassandra to discontinue visitation by Barkaloff, and entered a judgment calling for visitation with Cassandra twice a month with provisions for holiday and summer vacation visits.

Meanwhile, Woodward rekindled her relationship with her former boyfriend, Jesus Garcia, a long-time friend of the Woodward family who had spent time with Woodward and Barkaloff and the girls. In 1994, Woodward and Garcia pursued blood tests to confirm that Garcia was the father of Cassandra. Woodward and Garcia married and revealed to Cassandra that Garcia was her real father. Garcia filed for and was granted a paternity judgment and asked that Barkaloff not be allowed visitation with Cassandra.

Visitation Order Under DVPA Allowable Only If Parties Are Married

Woodward appealed the visitation order as to Cassandra, contesting jurisdiction under the DVPA or the UPA. The California Court of Appeal noted that while reasonable visitation rights may be granted to non-parents having an interest in the welfare of the child under the state's custody laws, the DVPA limits the court's authority to grant such orders by expressly authorizing visitation orders only in cases where there is a marital relationship between the parties. **Barkaloff v. Woodward**, 55 Cal. Rptr. 2d 167 (Cal. Ct. App. 1996). The court held that nothing in the DVPA expanded the court's authority to order visitation in an action involving an unmarried couple, and that the legislature had implicitly prohibited visitation orders in cases where the parties are not married.

...DVPA limits the court's authority to grant [visitation] orders by expressly authorizing [such] orders only in cases where there is a marital relationship between the parties.

Visitation Order Under UPA Applicable Only to Parent and Child Relationships

The appellate court, addressing Barkaloff's argument that the visitation order was independently valid under the UPA, noted that the UPA applies only where there is a "parent and child relationship," which may only be established between a father and natural child. While a man is presumed to be the natural father of a child if, among other things, he "receives the child into his home and openly holds out the child as his natural child," this presumption of "natural father" is rebutted by a judgment of paternity of the child by another man. Thus, Barkaloff's presumption of parenthood, if any, was conclusively rebutted by evidence that Garcia was the father of Cassandra. Because Barkaloff was not a "natural father" under the UPA, the court lacked any authority to award him visitation under the UPA. The appellate court found this particularly true where both biological parents objected to such an order.

Thus, the trial court had lacked authority under either the DVPA or the UPA to permit Barkaloff visitation, and the judgment was reversed. Subsequently, the California Supreme Court has denied his request for further review. ■

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News Update

Fathers' rights group harbors fugitive batterer in Massachusetts

A self-proclaimed Massachusetts fathers' right group, called the Coalition for the Preservation of Fatherhood, revealed in December 1996 that it was harboring a member wanted for violating a restraining order against his ex-wife and mother of their four children. The member, Paul Corey, 45, has been on the run since the Quincy Court issued a warrant for his arrest after he was released from a state mental hospital Nov. 22. The court committed him to see if he was competent to stand trial and/or mentally responsible for his alleged criminal conduct.

"They've taken the denial and projection of their own criminal behavior and expanded it into a dark, national conspiracy against them."
— Andrew Klein

After Corey was returned from the state hospital, the court released him pending his trial date in February 1997. After his release, however, the court received a report from the hospital recommending Corey's civil commitment. As a result, a warrant of apprehension was ordered to return him to the state hospital for treatment. At this point, Corey disappeared.

Corey, 45, in hiding, told a *Boston Herald* reporter, "I'm surviving on the kindness of people who realize that this is an all out war on fatherhood." Harboring fugitive Corey marks an escalation for the Coalition that previously restricted its activities to published protests and picketing the Quincy District Court from time to time. Quincy Court had been targeted both because it committed several members of the Coalition to jail for past domestic abuse and because it is nationally recognized for its domestic violence intervention program.

Over the past year, the court committed several Coalition members. It revoked the probation of one, a professional marriage counselor, after he was terminated from a court-ordered batterers' intervention program, Common Purpose. The program expelled him for refusing to admit he had ever committed an act of domestic violence, asserting he was convicted only of violating his restraining order by telephoning his victim. The restraining order had been obtained originally after the court found the man attempted to choke his partner.

In a press release sent to area newspapers, a Coalition spokesperson likened their activities to helping "slaves who dared to seek their freedom in the 19th century" by forming a "new underground railroad." Corey, an elected member of the Weymouth School Board who championed "parental rights" in his past successful school committee campaign, was recently removed from a town meeting by local police because of his disruptive behavior.

When she got the original restraining orders against Corey, his ex-wife testified he had driven her and three of the children to a neighboring town against their will, screaming all the way, and threatened her. A month later, he trapped her in her house for an hour, pushing her against the wall and bruising her arm. At one point, he told their pastor that "any other man would beat her to a pulp." Corey countered he never touched her. While his lawyer reports that Corey is a classic Mr. Mom, staying at home to care for the children, ranging in age from 4 to 9, his ex-wife reports he has paid no child support for 10 months.

Joyce Williams-Mitchell, executive director of the Mass. Coalition of Battered Women's Service Groups, publicly expressed concern with the "underground," fearing that "there's a woman whose life is probably in danger now." In addition, she worried that the Coalition was working to turn back laws promoting victim rights and safety in the state Legislature. Quincy Court Chief Probation Officer Andrew Klein dismissed the Coalition's charges that the courts are unfair to men, explaining that the Fathers' Coalition believes it is OK to beat up on intimate partners and children. "They've taken the denial and projection of

their own criminal behavior and expanded it into a dark. national conspiracy against them."

Corey currently faces six charges filed against him in March and May of 1996 for violating a restraining order in Braintree and Weymouth. Mass. At his last court appearance. he also allegedly threatened to kill the assistant district attorney. a woman. assigned to prosecute the cases against him. It is unknown at this time whether the DA's office will or can file charges against members of the Coalition who have been helping Corey avoid returning to the state mental hospital. The former DA. William Delahunt. left the office in January to take up his new post as Congressman for Weymouth and Quincy along with other Southshore and Cape Cod communities. His most prominent TV ad during the recent campaign included the testimony of abused women praising his and the court's efforts to protect them from domestic violence.

The Coalition has bombarded local media with press releases bragging of its current efforts to harbor Corey. Its most recent release contains a picture of Corey posing in front of a statute of Mahatma Gandhi.

During the last week of January. Corey voluntarily returned to the state mental hospital. He was subsequently released. pending his trial for abuse.

COALITION PROPAGANDA

Among other material distributed by the Fathers Coalition is a card outlining signs to warn fathers of when their partners are going to "play the abuse card" against them:

1. Your relationship appears to be breaking down and she is not interested in address ing the problems in a healthy and constructive manner.
2. She has new female friends that she seems unduly secretive about.
3. She mentions the word "abuse" frequently in conversations and makes reference to "having her need for space respected."
4. She has exhibited an unusual interest in details of the family finances.
5. She has been undergoing therapy and has become increasingly hostile toward you.
6. She seems to be artificially setting up hostility when potential witnesses are present.

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International Institute of Boston

287 Commonwealth Avenue, Boston, Massachusetts 02115 Telephone (617) 536-1081 Fax (617) 536-1573

February 12, 1997

Dear Director/Client advocate:

This letter is to invite referrals for the International Institute of Boston's Victims Assistance services for limited English speaking clients. We provide long term support, concrete social service provision, and victim's advocacy for newcomers, particularly victims of domestic violence. We try to help newcomer victims trust the US legal system and access police and legal protection. **Our language capacity includes Amharic (Ethiopian), Haitian-Creole, Bosnian, Somali, Vietnamese, Arabic, Tigrignian (Eritrea), French, Russian and Khmer.** We will attempt to find interpreters to work with other women as well.

Our particular expertise is with women whose relationships may be influenced by their immigrant legal status, a history of trauma in their home countries and their own cultural concerns. Our counselors build supportive relationships that may at first focus on concrete issues, and then move into concerns about conflict and safety. We provide easy access to other helpful supports such as English as a second language classes, job placement, legal services, and answers to immigration and custody questions. We will accompany women to court, welfare, and other agencies, and we work closely with other providers such as therapists, shelters and lawyers. For certain groups we are able to provide therapy if the client is not able to access therapy in other locations.

For referrals please contact Sarah Alexander at 536-1081, stating that you have a victim's assistance referral or a family law issue.

Beginning in January, we will also have a family lawyer available for free consultation to immigrant and refugee families one day a month. **If you have immigrant clients who have questions regarding divorce, child custody, child support and temporary support, you can set them up for a meeting with a family lawyer.** Our bilingual social service counselors will also be available for support to the clients. This service is by appointment only, so please call at 536-1081 and ask to speak with Nelly Velasquez to arrange for the consultation.

Thank you for your attention and we hope to hear from you.

Sincerely,

Sarah Alexander, LICSW
Coordinator of Counseling Services

THIS AGENCY IS SUPPORTED BY United Way

Affiliated with Immigration and Refugee Services of America.

SAFELY TOWARD SELF-SUFFICIENCY

Battered Women's Path Through Welfare Reform

A Report by the
AFDC Working Group
of the
Massachusetts
Governor's Commission on Domestic Violence

February, 1997

SAFELY TOWARD SELF-SUFFICIENCY:

Battered Women's Path Through Welfare Reform

EXECUTIVE SUMMARY

The extent of overlap between domestic violence and receipt of public assistance under Transitional Aid to Families with Dependent Children (TAFDC) is the subject of this report and a companion report of the University of Massachusetts Boston entitled, "In Harms Way? Domestic Violence, AFDC Receipt and Welfare Reform in Massachusetts."

Battered women's experts and others working with mothers who receive public assistance have long suspected that a significant number of women eligible for TAFDC are survivors or current victims of domestic violence. Because batterers often exercise tight economic control over their partners and prevent them from working, many battered women lack independent means of support. In the experience of battered women's service providers and other professionals, this phenomenon frequently leads women to turn to public assistance as they try to escape violent relationships.

State and federal welfare reform efforts have brought fundamental changes to the systems of public assistance for poor women and their children. Hallmarks of these changes include the loss of entitlement to assistance, time limits in the receipt of benefits, work requirements, and strict child support cooperation mandates. At the same time, the changes have prompted service providers, advocates, and policymakers to focus on how domestic violence particularly affects poor women and their children, focusing on two key questions:

- How will abuse affect the ability of low-income families to meet new welfare program requirements and become self-sufficient?

- How can the Commonwealth design a transitional assistance program that serves battered women and their children appropriately?

To begin answering these questions, the AFDC Working Group of the Governor's

Commission on Domestic Violence set out to document the levels of abuse among TAFDC-eligible women. The Center for Social Policy Research at the McCormack Institute and the Center for Survey Research of the University of Massachusetts Boston conducted a groundbreaking survey of a representative sample of recipients of TAFDC. The Massachusetts Mothers Survey confirmed the experience of battered women's service providers: nearly two-thirds (64.9%) of Massachusetts women receiving TAFDC have been abused by an intimate partner at some time in their lives and almost one out of five (19.5%) recipients has been abused in the past year. The survey findings are summarized in this report and are set forth in more detail in the companion report by the University of Massachusetts Boston. In addition to the findings of the Massachusetts Mothers Survey, the recommendations in this report are informed by research and emergent policy proposals on the subject of domestic violence and welfare reform that are being produced throughout the United States.

The Massachusetts Mothers Survey is the first of its kind in the nation. Its findings have important implications for welfare reform here in Massachusetts and throughout the country. Implementation of this report's recommendations will give the Commonwealth a unique opportunity to lead the nation in developing programs that will enable women and children to achieve both freedom from violence and economic independence. The authors of this report do not advocate automatically excusing all current and former battered women from TAFDC program requirements. Many battered women on TAFDC will want to take the fullest possible advantage of aggressive child support services and welfare-to-work activities. Some will have been harmed deeply by their experience of domestic violence and will be unable to participate in these activities for a period of time. Still others will be able to take advantage of some of the transitional services provided under the new law.

The complexity of the lives of battered women on TAFDC calls for individualized responses rather than blanket exemptions from program requirements. At the same time, the Mothers Survey results give us no reason to expect widespread disclosure of abuse along with a wave of requests for whatever exemptions we may choose to offer. Rather, we advocate a balanced policy shaped by two equally important and complementary goals: safety **and** self-sufficiency for low income battered women and their children.

The key components of such a policy are:

1. an unequivocal commitment to safety for battered women and their children;

2. a program of education and training that will enable those who administer the Commonwealth's TAFDC program components to understand the dynamics of domestic violence and identify women and children at risk for family violence;

3. the creation of a team of domestic violence specialists to be placed within the Department of Transitional Assistance (DTA) to assess the circumstances of battered women who apply for or receive TAFDC and make referrals for specialized services when necessary;

4. individualized assessments and planning that modify welfare-to-work, child support and other TAFDC requirements for battered women when necessary;

5. policies and procedures that guarantee the privacy, and therefore, the safety, of battered women and their children;

6. pro-active and sustained collaboration among government agencies and between government and private sector agencies that serve battered women and their children;

7. a commitment to increased funding for services for battered women and their children; and,

8. funding for additional research aimed at enriching our understanding of the forces that keep poor battered women and their children from achieving safety and independence and the strategies most likely to overcome these barriers.

The authors of this paper, members of the AFDC Working Group, represent diverse agencies and organizations including executive branch departments and community-based advocacy organizations. In the course of searching for answers to the challenge of creating a program of transitional public assistance that responds to the needs of victims and survivors of domestic violence, the AFDC Working Group found common ground in a shared concern for the safety of battered women and their children and a commitment to empowering battered women to take and keep control of their lives.

Domestic Violence Resource Network

The National Resource Center on Domestic Violence

As a source of comprehensive information, training and technical assistance on domestic violence prevention and intervention, the National Resource Center (NRC) supports and expands the capacity of those providing services to battered women, their children and other victims of domestic violence. The primary objectives of the NRC are:

- to serve as a central resource for the collection, preparation, analysis and dissemination of information and statistics on domestic violence;
- to identify and/or support the development of innovative and exemplary intervention and prevention resources, including model practices, protocols and policies; and
- to work closely with the special issue resource centers to maintain a comprehensive database of information and to coordinate resource development and technical assistance activities.

While a particular focus of the NRC is to support and expand the work of domestic violence programs and state coalitions, assistance is also provided to federal, state and local government agencies, Indian tribal organizations, policy leaders, the media and other professionals and volunteers involved in responding to or preventing domestic violence.

The NRC is a project of the Pennsylvania Coalition Against Domestic Violence (PCADV), which has been recognized nationally as a key resource for policy development, training and technical assistance for the past 15 years.

The Battered Women's Justice Project

The Battered Women's Justice Project (BWJP) provides training, technical assistance and other resources on three aspects of domestic violence: civil court access and representation, criminal justice response, and battered women's self-defense issues. The services provided by the BWJP are intended to assist legal advocates, law enforcement personnel, corrections agents, judges, attorneys, domestic violence organizations, government agencies, students and concerned citizens. Although the BWJP does offer technical assistance, it does not take on individual cases.

The criminal justice component of the BWJP, located in Minneapolis, Minn., focuses on how effective intervention requires inter-agency coordination and policy development that guides individual practitioners in the use of arrest, prosecution, sentencing of abusers, victim safeguards, and, when appropriate, rehabilitation of abusers. In addition, this component also handles information requests about domestic violence and the military and community intervention strategies within the Native American communities.

The National Clearinghouse for the Defense of Battered Women in Philadelphia, Pa. addresses issues that arise when battered women are charged with crimes. The National Clearinghouse is the only national organization that provides critical assistance, resources and support to battered women who kill their abusers while defending themselves or their children from life-threatening violence or who are coerced by their abusers into committing a crime. The National Clearinghouse strives to prevent battered women defendants from being re-victimized by the criminal justice system and has developed comprehensive resources to support attorneys, expert witnesses, advocates and others working with battered women charged with crimes.

The civil justice component of the BWJP is housed in the office of the Pennsylvania Coalition Against Domestic Violence. BWJP-Civil provides important leadership aimed at enhancing justice for battered women and their children in the civil legal arena by improving battered women's access to civil court options and legal representation in civil court processes. The BWJP staff provides consultation to advocates, attorneys, court personnel and policy makers in state-of-the-art advocacy and court system approaches, model protocols and practices and public policy. BWJP's civil justice component typically deals with issues such as protection orders , separation violence, arbitration, mediation, confidentiality of shelter records and advocates, safety planning, welfare, immigration, and the Violence Against Women Act.

The Health Resource Center on Domestic Violence

Improving health care providers' response to the crisis of domestic violence is the focus of the Health Resource Center on Domestic Violence. Goals for the Health Resource Center include:

- developing multi-disciplinary protocols in primary care, emergency department, obstetric/gynecology, and other medical subspecialties;
- creating a model training manual and educational slide show describing appropriate health care responses to domestic violence; and
- building a national pool of experts available for public speaking, training and consultation on improving the health care system's response to domestic violence.

The Health Resource Center is a project of the Family Violence Prevention Fund, which is known for its innovative efforts to prevent family violence. Among the Fund's nationally-recognized domestic violence initiatives are: the national public education campaign, "There's No Excuse for Domestic Violence," which was designed to change society's acceptance and misconceptions about domestic violence; a national judicial education program; a project to educate family preservation workers; and a battered immigrant and refugee women's rights project.

The Resource Center on Domestic Violence: Child Protection and Custody

The mission of the Resource Center on Child Protection and Custody is to provide access to the best possible source of information and tangible assistance to those working in the field of domestic violence and child protection and custody. Target groups include family court judges, child protection workers, family preservation workers, domestic violence victims advocates, attorneys and others. In addition, the center identifies and develops model policies, protocols and programs that are sensitive to the legal and psychological dynamics of child protection and custody cases involving family violence.

The Family Violence Project of the National Council of Juvenile and Family Court Judges operates the Resource Center on Child Protection and Custody as one of several ongoing projects. Other efforts are focused on: improving the court system's response to family violence cases; providing training for judges and court workers nationwide; and developing and promoting model state legislation on domestic and family violence.

NRC
National Resource Center
on Domestic Violence

The National Resource Center on Domestic Violence

In October 1993, the U. S. Department of Health and Human Services awarded a three-year grant to the Pennsylvania Coalition Against Domestic Violence (PCADV) to establish the National Resource Center on Domestic Violence (NRC). In 1996, PCADV received a five-year continuation grant (for October 1996 to September 2001) to maintain the project.

Working closely with three special issue resource centers — focusing on civil and criminal justice issues, child protection and custody issues, and health care access for battered women and their children — the NRC's goal is to strengthen the existing support system for battered women, their children, and other domestic violence victims.

While a particular focus of the NRC, located at PCADV's Harrisburg office, is to support and expand the service capacity of community-based domestic violence programs and state coalitions, assistance is also provided to federal, state and local government agencies, policy leaders, the media and other professionals involved in supporting victims of domestic violence, primarily through the NRC's toll-free information line. From April 1, 1994 — when the NRC first opened its toll-free line — to October 1996, staff and consultants have responded to over 13,000 requests for information and assistance from around the country.

In addition to operating the information line, the NRC promotes research, policy analysis and program development designed to assist communities more effectively respond to and prevent domestic violence. This is achieved in part by providing:

- comprehensive statistics, policy and grants analyses and a variety of information packets and other resources addressing a range of domestic violence issues;
- materials to support the development and replication of model programs and exemplary projects; and
- technical assistance and training to assist programs or communities adapt these resources to meet local needs.

Over the next five years, a significant emphasis of the NRC's work, and that of the Domestic Violence Resource Network, will be expanding each resource center's responsiveness to communities of color and other traditionally underserved populations. The NRC will also continue: to build upon its comprehensive multi-media, in-house library; to establish and/or expand upon relationships with other resource networks throughout the United States and abroad; and to manage a number of special projects that address specific aspects of the NRC's programmatic objectives.

In addition, the NRC will work closely with the special issue resource centers to utilize state-of-the-art technology, including electronic mail and bulletin boards, to offer the latest developments in domestic violence research, policy and practice. Working in partnership with domestic violence programs and state coalitions, we hope to play an active part in building a society that makes safety and justice for all women not only a priority, but a reality.

(over)

6400 Flank Drive Suite 1300 Harrisburg, PA 17112-2778
(800) 537-2238 fax (717) 545-9456 TTY (800) 553-2508
A project of the Pennsylvania Coalition Against Domestic Violence

National Resource Center on Domestic Violence: Special Projects Overview

- **The Public Education Technical Assistance Project.** supports the public education efforts of state coalitions and community programs by providing technical assistance and informational materials on such topics as organizing community events. producing outreach materials for underserved populations. working with the media. developing school prevention programs. and creating brochures. newsletters and other publications. The project plans to conduct several mini-demonstration programs on exemplary public education efforts within the domestic violence community. For more information. contact. the PE Project at 800-537-2238 or TTY 800-553-2508.

- **The National Electronic Network on Violence Against Women (VAWnet).** funded with a three-year grant from the National Center on Injury Prevention and Control of the Centers for Disease Control and Prevention. has been established as a pilot electronic network of state coalitions and other allied organizations. VAWnet's goal is to develop and maintain effective local. state and national intervention and prevention initiatives through the use of electronic communication and information dissemination. The project will provide state coalitions access to on-line database resources: to enable coalitions and other network members to exchange private correspondence via electronic mail. and to provide a forum for on-line discussion involving members of the network and others. VAWnet incorporates the expertise of five staff members and several consultants. all exceptionally well versed in electronic communications and issues pertaining to violence against women. In addition. a multi-disciplinary advisory board. consisting of 15 individuals from the domestic violence community. has agreed to guide the testing and implementation of the project. For more information. contact VAWnet at 800-537-2238 or TTY 800-553-2508.

- **The Collaboration and Policy Skills Building Project.** funded under a three-year grant from the Ford Foundation. is two-fold. The first focus of the project is identifying and enhancing the skills and resources needed by domestic violence advocates to forge. strengthen and maintain effective. multi-disciplinary collaborations among domestic violence organizations. community agencies and institutions committed to ending domestic violence. The second related focus of the project is to develop a more comprehensive public policy analysis and a unified advocacy agenda in key policy areas. The initial policy issues identified for such critical analysis and development are welfare and housing as they will impact domestic violence victims and those programs working on their behalf. The project will use working groups. technical consultants. conference calls and other strategies to review current policy. critique its relationship to domestic violence. and develop position papers and other tools to assist domestic violence advocates in their policy work at a national. state and local level.

- **The STOP Violence Against Women Grants Technical Assistance Project.** a collaboration of the DOJ. the NRC and the Battered Women's Justice Project. provides technical support to states and their subgrantees in implementing Services. Training. Officers and Prosecution (STOP) Grants programs under the Violence Against Women Act (VAWA). This project aims to strengthen the criminal justice system's response to violence against women by making victim safety a priority. incorporating a critical analysis of current systems' responses. and supporting the development of community- and state-based prevention and intervention efforts. For STOP Grants program subgrantee contractors seeking to obtain more information. contact the STOP Grants TA Project at 800- 256-5883. or in the Washington. DC metropolitan area. call 202- 265-0826.

125 S. 9th Street, Suite 302 Philadelphia, PA 19107 215/351-0010 Fax: 215/351-0779

National Clearinghouse for the Defense of Battered Women

If in the course of your work, you come in contact with a battered woman charged with a crime (who may be facing trial or considering a plea, going through a trial, waiting to be sentenced, or her case is on appeal) or a battered woman who is in jail or prison, please contact the National Clearinghouse for the Defense of Battered Women. The staff of the National Clearinghouse, comprised of three full-time staff people and part-time consultants, will work with you to assess the situation and determine how we can be of assistance. For example, we work with battered women charged with killing their abusers, women who are coerced into criminal activity, and women who are charged with a as crime a result of "failing to protect" their children from their batterers' violence and/or abuse.

Examples of when to call the National Clearinghouse:

If the woman is charged with a crime. Our staff works with members of a battered woman's defense team -- defense attorneys, expert witnesses, battered women's advocates, investigators and the woman herself -- in identifying defense strategies, providing relevant case law and examples of litigation materials, identifying expert witnesses when needed/requested, and helping to identify support networks for women who are facing trial or whose case is on appeal.

If the woman is in prison. If there are any legal options available, or if the woman is pursuing a clemency or parole application, we work with her local counsel and/or advocates. We also correspond with hundreds of incarcerated women nationally. Membership in our Supporting Members' Network is free for women in prison; incarcerated women receive our newsletter, *Double-Time*, free of charge.

If your state is working on a clemency campaign/clemency petitions. We have an extensive Resource Library of information about clemency generally, as well as battered women's clemency actions specifically. Our staff can help advocates think through some of the ups and downs of clemency campaigns, and provide information about other people who have worked on clemency issues in the past.

If your program/organization is currently running or planning to run a support group for women in prison. Our staff will provide you with information about other support groups around the country. We can connect you with other group facilitators and give you information about curricula used by some of the groups. We assembled a set of *Working Papers* about prison and jail support groups in 1991.

If your state is thinking about introducing or has introduced legislation that directly impacts on battered women charged with crimes. Our staff will help assess the current situation in your state, help analyze the proposed legislation, and provide information about similar legislation in other states.

If you are doing research on battered women who kill (exploring legal, social or psychological issues), incarcerated women, or the legal or psycho/social effects of battering on women (sometimes referred to as "battered woman syndrome"). The National Clearinghouse maintains an extens·· Resource Library and publishes a companion Annotated Bibliography containing abstracts . . the 4,500 cases, articles and litigation materials currently in our Library. If you have written something that you believe should be included in our Resource Library, please send us a copy and we will gladly review it for possible inclusion.

If you have information about battered women charged with crimes, please contact the National Clearinghouse. We count on people like you in the field to keep us up-to-date about activities and developments in your state which affect battered women defendants and incarcerated battered women so that we can pass this information along to others. Please send us newspaper articles, legislative proposals, information/feed-back about expert witnesses and defense attorneys, prison support groups for battered women, etc.

last updated: August 1996

NRC
National Resource Center
on Domestic Violence

The Domestic Violence Resource Network

In October, 1993, the U.S. Department of Health and Human Services (HHS) provided funding to establish a network of domestic violence resource centers. This national resource network provides comprehensive statistics, information, technical assistance, access to expert opinion and promotes research, policy analysis and program development on all aspects of domestic violence response and prevention. Working with community-based shelter and hotline programs, state domestic violence coalitions, policy makers, and others involved in assisting battered women and their children, each resource center examines current and emerging issues and takes a leadership role in developing collaborative responses and solutions.

NOTE: The following numbers are for information only. Crisis calls should be directed to the police emergency number (911), your local domestic violence program or the national domestic violence 24-hour hotline at 800-799-7233.

◆ **National Resource Center on Domestic Violence** **800-537-2238**
fax: 717-545-9456

HARRISBURG, Pa. — Provides comprehensive information and resources, policy development and technical assistance designed to enhance community response to and prevention of domestic violence.

◆ **Battered Women's Justice Project** **800-903-0111**

MINNEAPOLIS, Minn. — Provides training, technical assistance and other resources through a partnership of three nationally-recognized organizations:

- **Domestic Abuse Intervention Project** fax: 612-824-8965
  Addressing the criminal justice system's response to domestic violence including the development of batterers' programs
- **National Clearinghouse for the Defense of Battered Women** fax: 215-351-0779
  Addressing issues raised when battered women are accused of committing crimes, including killing an abusive partner
- **Pennsylvania Coalition Against Domestic Violence** fax: 717-671-5542
  Addressing civil court access and legal representation issues of battered women

◆ **Resource Center on Domestic Violence: Child Protection and Custody** **800-527-3223**
fax: 702-784-6160

RENO, Nev. — Provides information, materials, consultation, technical assistance and legal research related to child protection and custody within the context of domestic violence.

◆ **Health Resource Center on Domestic Violence** **888-792-2873**
fax: 415-252-8991

SAN FRANCISCO, Ca. — Provides specialized information packets, protocols, training materials, referrals and technical assistance to support all those interested in developing a comprehensive health care response to domestic violence within all health care settings.

6400 Flank Drive Suite 1300 Harrisburg, PA 17112-2778
(800) 537-2238 fax (717) 545-9456 TTY (800) 553-2508
A project of the Pennsylvania Coalition Against Domestic Violence

THE BATTERED WOMEN'S JUSTICE PROJECT
800 - 903 - 0111

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Criminal Justice Center and Administrative Office
Extension #1

This office responds to questions about the criminal justice system, including law enforcement, prosecution, sentencing, probation, batterers' programs, coordinated community/court responses, and victim advocacy. Native American issues related to domestic violence are also handled by this office.

Domestic Abuse
Intervention Project
4032 Chicago Avenue South
Minneapolis, MN 55407
612 - 824-8768
FAX: 612 - 824-8965

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Civil Access and Representation Center
Extension #2

This office provides technical assistance on improving access to and the quality of legal representation of battered women in civil litigation, including protection orders, divorce, mediation, victim advocacy, and the full faith and credit provisions of the Violence Against Women Act.

Pennsylvania Coalition
Against Domestic Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
717 - 671-4767
FAX: 717 - 671-5542

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Self-Defense Center
Extension #3

This office addresses issues regarding the defense of battered women charged with crimes, the development of defense strategies, the use of expert witnesses, and clemency projects. The staff also provides direct technical assistance and consultation to defense teams.

National Clearinghouse for the
Defense of Battered Women
125 South Ninth Street
Philadelphia, PA 19107
215 - 351-0010
FAX: 215 - 351-0779

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Workshop C
Sexual Assault: Current Issues

Sexual Assault: Current Issues

Moderator

Mary Ellen Doyle, Member, Victim and Witness Assistance Board
100 Cambridge Street, Room 1104
Boston, MA 02202
(617) 727-5200

Panelists

Sharon Simone, Advocate/Survivor/Educator
61 Pine Street
Belmont, MA 02178
(617) 727-3372

Gail Berry, Boston Regional Administrator
Massachusetts Society for the Prevention of Cruelty to Children
555 Amory Street
Jamaica Plain, MA 02130-2652
(617) 983-5800

Charlene Allen, Executive Director
Boston Area Rape Crisis Center
99 Bishop Allen Drive
Cambridge, MA 02139
(617) 492-8306

Sally Fogerty, Deputy Director
Department of Public Health
250 Washington Street
Boston, MA 02108
(617) 727-3372

David Deakin, Assistant District Attorney
Suffolk County District Attorney's Office
Child Abuse Unit
55 Court Street, 5th Floor
Boston, Ma 02108
(617) 725-8760

Marianne Winters, Executive Director
Massachusetts Coalition Against Sexual Assault
c/o YMCA
1 Salem Square
Worcester, MA 01608
(508) 754-1019

Coordinator: Maureen Brown, MOVA

MYTHS AND FACTS ABOUT RAPE

Rape in the state of Massachusetts is defined as penetration against the victim's will of a bodily orifice (vagina, anus, or mouth) by a penis or other part of the body or by an object.

The problem of rape in our society is often under-estimated and trivialized. Common societal myths hold that rape happens infrequently and only to "certain kinds of women." In fact,

- One in three women will become the victim of rape and sexual assault in her lifetime.
- One in four girls and one in seven boys will become the victim of rape or sexual assault by their eighteenth birthday.
- 22% of rape and sexual abuse victims during 1991 were girls under 12.
- Rape strikes people of all ages and of all racial, religious, and socioeconomic groups.

Given these facts, it is clear that rape is not an isolated event, but a pervasive societal problem.

MYTH: Rape victims are usually young, pretty women.

FACT: Victims have ranged in age from 4 months to 96 years.

MYTH: Most rapes are committed by men who are emotionally disturbed.

FACT: Only 5% of convicted rapists have a clinical mental disorder.

MYTH: Men rape because they need an immediate sexual outlet.

FACT: 60% of convicted rapists are married men who report normal sex lives.

FACT: Rape is motivated by anger and the desire to hurt, dominate and humiliate.

(OVER)

99 Bishop Allen Drive
Cambridge, MA 02139
HOTLINE: 492-RAPE
BUSINESS: 492-8306

MYTH: Most rapes are committed outdoors, in alleyways or vacant lots.

FACT: Most rapes are committed in the victim or offender's home.

MYTH: Most rapes are committed by strangers.

FACT: Over 60% of perpetrators know their intended victim in some way prior to the assault. Among 15 to 24 year olds, the statistics are higher: at least 84% of victims know their attackers.

MYTH: White women should fear being raped by black men.

FACT: 4% of rapes involve a black man raping a white woman. 8% of rapes involve a white man raping a black woman. Over 80% of rapes occur within the same race and socioeconomic class.

MYTH: If a women says, "No," she means, "Yes."

FACT: When a woman says, "No," she means, "No."

Boston Area Rape Crisis Center

1 in 8 adolescent girls will be forcibly raped this year:	218, 560
50 percent will experience long term mental health distress:	109, 290
44 percent will experience a second assault in her lifetime:	96,166
78 percent will be assaulted by acquaintances or relatives:	170,477
22 percent will be assaulted by strangers:	48,083
16 percent will report it to police:	34,967
1 percent of offenders are sentenced to >1 year in jail:	2180

99 Bishop Allen Drive
Cambridge, MA 02139
HOTLINE: 492-RAPE
BUSINESS: 492-8306

United Way
of Massachusetts Bay

DRUG FACT SHEET:
GHB (GAMMA-HYDROXYBUTYERATE)

STREET NAMES:

GHB, Liquid E, Liquid X, Grievous Bodily Harm

DESCRIPTION:

- GHB was originally developed as an anesthetic.
- GHB can be produced as a white powder but is more often in the form of an odorless, clear liquid. It has a salty taste which is easily masked in an alcoholic beverage.
- It is being sold on the street as a drug that increases sexual awareness and leads to more intense sexual activity.

SIDE EFFECTS:

Low dosage:

- A feeling of well-being (similar to the being mildly drunk)
- Decreased inhibitions
- Increased sociability
- Drowsiness and/or sleep

Higher doses result in:

- Immediate intoxication
- Deep unresponsive sleep
- Shallow breathing
- Decreased blood pressure
- Memory loss

Taken with alcohol or any depressant drug, it can cause death

ABUSE PATTERNS:

- A common abuse of GHB is by rapists slipping the drug into a victim's drink, usually alcohol, before the rape or sexual assault. Within a few moments, the victim appears drunk and helpless. Often, the perpetrator acts as a "Good Samaritan" and offers to escort the victim home. When the victim regains consciousness, she or he has no memory of the assault. **Note:** Police and hospital personnel should be aware of this "blackout effect." If drug is believed to be used in a rape or sexual assault, blood samples should be taken immediately so tests can be run for traces of the drug during forensic exams.
- GHB is also commonly used by body builders because they think (falsely) that GHB increases growth hormone levels and burns fat.

SOURCES

"How to Prevent Drug Induced Rape", Pamphlet by Palm Beach County Sheriff's Office, Florida

"Gamma-Hydroxybuterate" Wothington, E., Palm Beach County Sheriff's Office, Florida

99 Bishop Allen Drive
Cambridge, MA 02139
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DRUG FACT SHEET:
ROHYPNOL (FLUNITRAZEPAM)

STREET NAMES:

Roofies, Ruffies, Roche, R-Z, Rib, Rope, Stupefi, Shays, Roachies

DESCRIPTION:

- Rohypnol is the brand name of a sleeping pill marketed by Roche Pharmaceuticals, Inc. It has no legal use in the United States. Rohypnol is a benzodiazepine. (Valium is also a benzodiazepine.) Rohypnol can be addictive.
- Rohypnol is taken orally as a pill or dissolved in liquids, often in conjunction with drugs or alcohol. Rohypnol is unlikely to cause death by itself, but combined with alcohol it can be fatal.
- Rohypnol is not marketed in the United States. It is marketed in Mexico, South America, Europe, and Asia.

DOSAGE:

Usually 0.5mg. to 2mg.

SIDE EFFECTS:

Rohypnol can be addictive. Other possible side effects include.

- Decreased blood pressure
- Loss of memory
- Tiredness
- Problems with vision
- Dizziness and confusion
- Nervousness
- Aggressive behavior

Side effects begin approximately 30 minutes after taking the drug and peak within 2 hours. The effects can last for up to 8 hours, depending on the how much is taken.

ABUSE PATTERNS:

The most common and concerning abuse is its use by rapists, who slip the drug into a victim's drink (usually alcohol) before the rape or sexual assault. Rohypnol takes away the victim's normal inhibitions, leaves the victim helpless, and blocks the memory of a rape or sexual assault. **Note:** Police and hospital personnel should be aware of this "blackout effect." If drug is believed to be used in a rape or sexual assault, blood samples should be taken immediately so tests can be run for traces of the drug during forensic exams.

Other abuses include:

- Use as a primary intoxicant
- To enhance low quality heroin
- In combination with cocaine to moderate the effects of a binge

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SOURCES:
"How to Prevent Drug Induced Rape", Pamphlet by Palm Beach County Sheriff's Office, Florida
"Rohypnol Fact Sheet". Smith, D., Wesson, D., & Calhoun, S., Height Ashbury Free Clinics, California

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experiments, cheaters are easily identified, and no one forgets who they are. Throughout vast stretches of evolutionary history, our own ancestors lived in groups of less than 100, where face-to-face accountability would have been the norm. But with the advent of agriculture 10,000 years ago, populations exploded. For the first time, groups of primates had to codify social norms and create governments and religions to administer them.

Not surprisingly, these brave new institutions have turned out to be as troublesome as they are necessary. As our collective efforts make life more comfortable, each of us ends up with more to lose, and the case for self-sacrifice starts to ring hollow. As Dartmouth political scientist Roger Masters observes in his new book, "Machiavelli, Leonardo, and the Science of Power" *(384 pages, Notre Dame Press, $32.95)*, "the very success of [civic] institutions re-creates the pressures that made [them] necessary in the first place." It's comforting to know that notions of right and wrong are part of our animal heritage. But it's not at all clear that our innate moral sense is up to the challenges we've created. ■

Dancing with danger? *Now there's a new risk for women to worry about at parties or bars*

HEALTH

'Roofies': The Date-Rape Drug

This illegal sedative is plentiful—and powerful

OF ALL THE SUBSTANCES CHRIS, 18, has abused—including marijuana, cocaine, heroin and spray paint—there's only one he really didn't care for. Known on the street as "roofies," "rope," "the forget pill" and "roach," the drug is actually a sedative related to Valium—but 10 times stronger. "I don't know why I kept on using it," says Chris, who was kicked out of his Texas high school after pushing and cursing a teacher while he was "roached." "I guess I just wanted to be like my friends."

The illicit intoxicant that got Chris into trouble is the newest worry among drug-enforcement officials and counselors around the country. A mixture of roofies—marketed by Hoffmann-La Roche as Rohypnol—and champagne is what sent rocker Kurt Cobain into a coma in Rome, a month before his suicide. Abuse is highest in Texas and in Florida, where 100,000 of the tablets have been confiscated in the past couple of years. But according to the U.S. Drug Enforcement Administration, 2,000 seizures of the drug have been made in 32 states and Puerto Rico, and it's concerning state health officials as far north as Minnesota. "We're quite taken aback," says Al Wasilewski, a spokesman for Hoffmann-La Roche. "We're very concerned about this drug."

Rohypnol is legally available in more than 60 countries for severe insomnia, and U.S.-bound travelers may bring in a three-month supply for "personal use." Much of it's smuggled from Mexico and Colombia. According to a recent University of Texas study, 43 percent of people declaring prescription drugs at one Mexican border were importing roofies. Presumably they weren't all insomniacs. At just $1 to $5 a pill, the drug is especially popular with teens, who like to combine it with alcohol for a quick punch-drunk hit. The "lunch money" high has also caught on with gangs and the rave crowd.

Like alcohol, roofies make some users fearless and aggressive, but a scarier effect is blackouts, with complete loss of memory. That's why it's also known as "the date-rape drug." According to Broward County, Fla., prosecutor Bob Nichols, one adult and three juveniles he's successfully prosecuted had knocked women out with roofies in rapes they committed. Such cases—which usually involve slipping the drug into a woman's drink—are hard to prosecute, Nichols says, since the women can't usually remember any details of the crime—but sometimes the prosecution gets lucky. Mark Perez, a satellite-dish installer from Pembroke Pines, Fla., couldn't resist boasting to friends that he'd drugged and raped a dozen women, most of whom he had picked up in bars. He pleaded no contest to one count of sexually battering a helpless person—and got an eight-year prison sentence.

While date rape is the most sensational consequence of roofies, there's also much concern about its potential for addiction and lethal overdosing. To help stop abuse, Hoffmann-La Roche may abandon its two-mg pill and market only a dose half as potent. The DEA is considering changing Rohypnol's designation as a Schedule IV drug to Schedule I, carrying the same stiff penalties for possession as heroin. In Dade County, Fla., drivers are being tested for Rohypnol when they appear drunk but register a low alcohol level—and penalties for rapes committed after drugging the victim carry harsher penalties. In Texas, the state's Commission on Alcohol and Drug Abuse recently sent out fliers on Rohypnol to all school nurses. Despite these efforts, the roofie wave probably hasn't even crested yet. So, experts say, quiz your kids. And don't take your eyes off your drink.

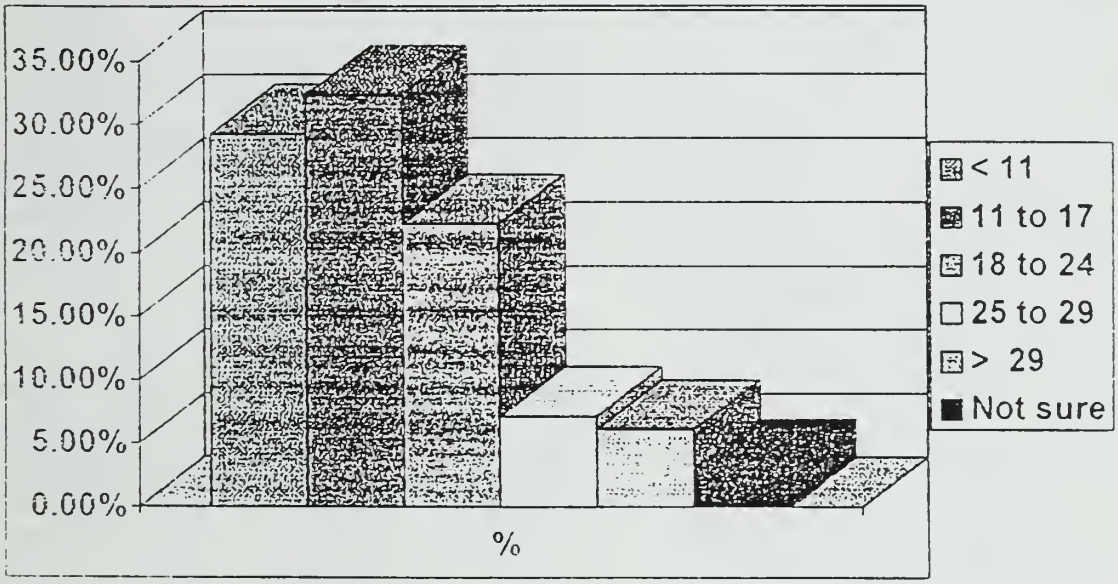
JEAN SELIGMANN *and* PATRICIA KING

Drug Map: The Altered States

There have been 2,000 roofies seizures in 32 states. The DEA has made grabs in 13 states—almost 500 in Texas alone.

SOURCE: DRUG ENFORCEMENT ADMINISTRATION

National Women's Study
Age at Time of Rape



Rape in America: A Report to the Nation, National Victim Center, April 23, 1992

JUDY MANN

Bringing It All Together for the Abused

Rep. Bud Cramer (D-Ala.) tells a story about a young woman he calls Beverly who was sexually abused by her mother's boyfriend in 1984, when she was 11 years old. Cramer, who was the chief prosecutor in Huntsville, got a conviction against the mother's boyfriend, so by law enforcement standards this case ended successfully.

Cramer sees it differently: "Her life fell apart." To start with, Beverly's mother turned on her at the trial and said, "You didn't have to tell everybody that." Beverly tried living with her grandmother. But she was not receiving any kind of mental health treatment to help her cope with the effects of the sexual abuse, the trial and, perhaps worst of all, the betrayal and abandonment of her mother, who Cramer is convinced knew what was going on. Finally, Beverly was sent to live in a group home in southern Alabama. There, says Cramer, "she tried to commit suicide and she tried to drown another child." After she became an adult, she moved back in with her mother and had a child out of wedlock.

It is hard to imagine anything that leaves more destruction in its wake than incest or the sexual abuse of a child. Until a decade or so ago, those were crimes that remained family secrets, often spilling out only when an older sister who had been victimized turned in the abuser in an effort to protect her younger sisters or brothers. Police, prosecutors and medical facilities accustomed to treating adult rape victims had no idea how to deal with young children who were being sexually abused. They did not know how to interview them, how to protect them from mothers who were silent accomplices, how to help them keep their courage up so they eventually could be reliable witnesses, or how to confront the assailant and keep evidence from being destroyed. Cases routinely fell apart when children were so turned off by what was happening to them that they stopped talking.

"Police thought nothing of taking the initial facts at the hospital and doing the follow-up in a squad room," Cramer says. "We just bounced children everywhere. We were so clueless about what was happening. A mother might be outraged on day one or two, but if you let her go unmonitored, she's back with the offender by day five, and she's pressuring the child to get on with this."

The low rate of convictions prompted him to assemble a sexual abuse task force of doctors, treatment specialists, protective service workers, lawyers, police and school personnel to study how the system was failing children and families and how to develop an alternative system. The upshot was the creation of the private, nonprofit Huntsville Children's Advocacy Center, which opened in March 1985. The center essentially is a house where all agency work on a child abuse case takes place, including exams by trained volunteer doctors and interviews by teams of social workers and police who are specially trained in dealing with young victims. Someone at the center is assigned to the case and becomes the liaison to the criminal justice system. The same team of people takes care of the child throughout the case, so he or she is not bounced around among strangers.

The accused is "confronted more quickly now, and more confessions are obtained," Cramer says. Prosecutions rose from 36 in 1984 to more than 110 cases a year by the late 1980s, when they leveled off.

Over the years, the center has become a model that communities across the country and as far away as New Zealand and Scandinavia have followed. An annual conference in Huntsville brings specialists together to share what's working. "Some of these communities have far outdone anything I'd dreamed of having," Cramer says. Today, more than 100 such programs are part of a formal network of advocacy centers, and 120 to 150 more are being reviewed for membership.

After he became a member of Congress in 1991, Cramer worked to get funding through the Justice Department juvenile justice programs to help set up more centers and to develop regional hubs that would provide training for medical and other personnel on how to help these children and their families.

The value of putting together a system that can protect the child, prosecute the offender and help rehabilitate the family after this horrendous experience is being recognized by child advocates and agencies across the country. Cramer has no doubt that it's the most significant movement he'll ever be involved in. Proof of that came one day several years ago when Beverly visited the Huntsville center with him. She told Cramer: "I wish a place had existed for me when I was going through this. It seemed to me none of you ever talked to each other." Today, all over the country, they do.

MOBILIZING A COMMUNITY APPROACH TO CHILD SEXUAL ABUSE

Excerpted from Justice for Children, Vol. I, No. 2, (Summer 1985), pp. 2-4.

By Robert E. Cramer, Jr.

Huntsville, Alabama District Attorney Bud Cramer has attracted national attention for his creation of a Children's Advocacy Center. In this article, he describes the development and operation of the Center, considered a model community approach to child sexual abuse.

Communities across our nation have been confronting the awful reality that many of their children are being abused sexually. What they are only beginning to recognize is that all too often agencies and professionals responsible for protecting and helping these children are instead revictimizing them—at times exposing them to experiences far more traumatizing than the original abuse.

In Madison County Huntsville, Alabama, we looked at our system and saw how it was damaging child victims. Recognizing that "we are the system and we can change it," professionals in our community developed the Children's Advocacy Center program, a multidisciplinary approach that involves law enforcement, child protective services, prosecution, mental health, and other resources in a response to child sexual abuse. The program focuses on the needs of the victim, while meeting the needs of professionals who handle their cases, and holding offenders accountable for their crimes.

Developing a multidisciplinary program is not an easy task. During the Children's Advocacy Center's 12-month development period, we confronted and dealt with numerous problems. However, the rewards of our perseverance have been many. In a county of 225,000, we serve about 240 child sexual abuse victims annually. Feedback from the young people and their families tells us that their experience with the system is now therapeutic. The professionals who serve them are working more closely than ever before and finding more satisfaction in the positive resolution of a greater number of their cases. The program enjoys broad support in the community.

Although I did not realize it at the time, the seed that matured into the Children's Advocacy Center was planted during my years as Madison County Assistant District Attorney, 1973-75. At that time I was assigned to Juvenile Court and required to work with representatives from the Madison County Department of Pensions and Security (protective service workers), who were involved with abused and neglected children. Because of this experience—heretofore considered a dreaded assignment—when elected District Attorney (DA) in 1981, I set up monthly meetings for protective service (PS) workers and representatives of the DA's office to review child abuse cases. At these sessions, our office advised the PS workers about courtroom testimony, elements of criminal offenses, proper documentation and when to refer a developing case to law enforcement.

The first child sexual abuse cases were reviewed in 1981, and throughout the year we were faced with an overwhelming increase of such cases. By year-end, 35 percent of abuse cases involved sexual abuse. Currently, about 90 percent of the cases involve sexual abuse.

It soon became obvious that not all the professionals involved were communicating with each other. Medical exams were incomplete, often performed in hospital emergency rooms where victims were kept waiting for hours. Children and their families were bounced from agency to agency—from law enforcement, to protective services, to the hospital, to therapy, through the juvenile court system, to the DA's office, and back and forth, again and again. The system itself was revictimizing the child at a time when reported cases were reaching epidemic levels. The DA's office accordingly began an effort to redesign our approach to child sexual abuse cases.

Team Review

In early 1982, the monthly review sessions were increased to biweekly meetings, and detectives from both the Police and Sheriff's Juvenile Units joined DA and PS representatives in reviewing reported abuse cases. Forms were developed to document all decisions, including referrals for therapy and recommendations for criminal prosecution. Cases were examined continually to allow the team to develop a complete profile of the victim, her or his family, and the offender. A Victim-Witness Coordinator from the DA's office joined the team in 1983.

One of the major benefits of the team review was stronger relations between police and social workers. Together, a PS worker and detective investigate and develop reports of child sexual abuse, initially with the victim and later (possibly) with the offender. This has caused a dramatic turnaround in the attitude of law enforcement and protective service staff who now understand the philosophy of each agency and how to avoid duplication of effort.

Since it was recognized that the family needs to be referred for therapy in the intervention process, team review sessions now include the therapist(s) treating the child, family and offender. The therapist updates the team on the progress of therapy—vital information for determining whether a case should be referred for criminal prosecution.

Community Approach

With the alarming number of child sexual abuse cases, we believed other professionals and agencies in the community needed to be alerted. Team representatives subsequently met with the county child abuse prevention coalition, a ten-year old group, and cited the need for other professional participation, particularly from the medical community. In 1983, the Child Sexual Abuse Task Force was formed with representatives from

Center is her or his special place. At the end of the interview, the child (and family) is referred for therapy, sessions of which take place at the Center. Each introduction to another agency representative thus takes place on the child's "turf." After the initial therapy session the therapist becomes part of the team review.

On any given day, the Center has 30 active child sexual abuse cases. Of these 40 percent will be referred for criminal prosecution, and almost 100 percent will result in guilty pleas or convictions. However, no case is referred if officials conducting the team review determine it would be harmful to the child.

We have found that participation of the child and family in the criminal justice system can be beneficial and even therapeutic. This can only be accomplished with a sensitive and patient approach to the child and family requiring the involvement of a therapist and an advocate from the criminal justice system—in our system, a Victim-Witness Coordinator. Introduction to the Victim-Witness Coordinator occurs only after the initial interview session and the child (and family) is in therapy.

If a criminal case is accepted for prosecution, the Victim-Witness Coordinator introduces the child to the Assistant District Attorney prosecuting the case, again at the Center. Prior to this introduction, the attorney reviews the videotape of the initial interview session and participates in team review of the case. In such cases, the Victim-Witness Coordinator takes the child to the courtrooms and the Grand Jury Room for pre-trial tours. She also accompanies the child during actual courtroom sessions.

Diversion Program

A Diversion Program has also been designed. It is primarily to aid the victim but also the professionals, particularly therapists who become involved with the child-victim, family and offender. It recognizes that many children should not be put in a position of having to testify against a father, stepfather, or other family member. It also recognizes that many offenders will not participate in therapy unless forced, and that offenders should account for their behavior through the criminal justice system.

A Diversion Program referral is made by the review team. The criminal charge is based on the facts described by the child: for example, sodomy, sexual abuse, or rape. The offender is then informed by the District Attorney's Office that he (or she) has been officially charged with a specific act.

To qualify for the Diversion Program, the offender must admit guilt. Before he is accepted by the program, he must also undergo psychological evaluation by a qualified therapist. Other conditions may be imposed such as remaining away from the home of the child and family, maintaining steady employment, and that he should have no other criminal charges filed. If the offender is accepted into the Diversion Program, the initial charge is suspended for an indefinite period and the offender is routed to therapy. He is advised that if he successfully completes the program, he can then plead guilty to a misdemeanor sexual offense.

Positive Results

Madison County's community approach to child sexual abuse has worked remarkably well. The child-victim is now the central focus and all professionals consider welfare of the child the first priority. The flexibility, such as it is, of the criminal justice system is used to better accommodate the child, and all professionals participating in this community approach recognize the offender must account for his or her behavior.

Referrals for criminal prosecution have increased dramatically. Cases accepted for criminal prosecution have increased over 500 percent from 1982 to 1984. During one week in late 1984, 12 children were taken into the courtroom in 12 different cases.

Another positive result is the recognition that many juvenile delinquents are "running" from child abuse and neglect. Consequently, a successful community approach cannot ignore those children labeled as offenders. Our approach is now emphasizing the total involvement of all professionals dealing with children, and we anticipate that within the next year alternative delinquency programs will be established to allow therapists to become involved with the juvenile delinquents. Our entire juvenile system intake procedure is being redesigned to allow juvenile probation officers to spot victims of child abuse and neglect. Alternative sentencing programs are also being designed to allow more flexibility within the juvenile system.

I do not pretend to understand why child sexual abuse occurs. But, as District Attorney, I had a responsibility and desire to redesign the system that responds to child victims of this type of abuse. Through the mobilization of other professionals in my community, *our* system has changed. We believe the Children's Advocacy Center is a model community approach that can be replicated throughout the country to improve the quality of response to the needs of the sexually abused child.

Sanctuary

A videotape about the Children's Advocacy Center is available. Entitled "Sanctuary," it dramatizes the actual case of a 12-year-old sexual abuse victim who went through the system before it was changed. His experience will be recognized by most professionals. Seen from a child's point of view, the system appears terrifying, even worse than the offender had promised it would be, "if I told." The video goes on to illustrate the Children's Advocacy Center approach that not only takes the terror out of the system, but also makes participation in the system therapeutic for the child and his or her family.

Sanctuary may be purchased for $125. Make check payable to "Sanctuary" and mail to the Center at 106 Lincoln Street, Huntsville, AL 35801. 205/533-KIDS.

U.S. Department of Justice
Office of Justice Programs

Bureau of Justice Statistics
Selected Findings

December 1996, NCJ-162602

Female Victims of Violent Crime

By Diane Craven, Ph.D.
BJS Statistician

Incidents of violence against women include murders, rapes, sexual assaults, robberies, and both aggravated and simple assaults. National estimates of the extent and nature of female victimization derive from two primary sources within the U.S. Department of Justice.

The National Crime Victimization Survey (NCVS), conducted by the Bureau of Justice Statistics in conjunction with the Census Bureau, provides information about criminal events nationwide, including those not reported to law enforcement. The FBI's Uniform Crime Reporting (UCR) system compiles data on crimes brought to the attention of law enforcement agencies nationwide. Currently, over 16,000 city, county, and State law enforcement agencies voluntarily submit agency-level summary reports of crimes within their jurisdictions.

Together, these data shed light on different aspects of female victimization. This report summarizes findings from several U.S. Department of Justice published reports focusing on the number of violent victimizations, rates of victimization, and the contexts in which the incidents occurred.

National Crime Victimization Survey (NCVS) and Uniform Crime Reporting (UCR) system data* show that between 1992 and 1994, the number of violent crimes committed against women reached almost 14 million:

- an estimated 4.4 million in 1992
- 4.8 million in 1993, and
- nearly 4.7 million in 1994.

In 1994 there were 1 rape for every 270 women, 1 robbery for every 240 women, and 1 assault for every 29 women. For homicide — the least frequent — there was 1 female victim for approximately every 23,000 women 12 or older.

*Data on murders are reported in the FBI's UCR. Data on rape, sexual assault, robbery, and both simple and aggravated assault are from the NCVS.

From 1973 to 1994 the violent victimization rates of women and men converged

In 1994 women were about two-thirds as likely as men to be victims of violence. Of the 10.9 million crimes of violence in 1994, 4.7 million were against women. The rate of victimization was 43 per 1,000 women about two-thirds the 60 violent victimizations per 1,000 men.

Twenty years ago women's likelihood of victimization was less than half that of men. The overall trend indicates that the rates of victimization for men and women converge — the rate for men decreasing and the rate for women remaining relatively stable or increasing.

Rates of violent crimes (including murders, rapes, robberies, and assaults) per 1,000 population

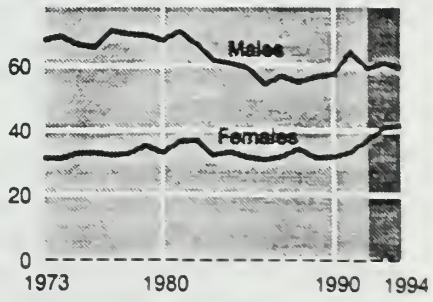


Figure 1

Sources: BJS, the National Crime Survey (NCS) data, 1973-92 and the NCVS data, 1992-94, for rape, robbery, and assault; FBI, UCR data for homicides.

The 1973-91 rates were adjusted for comparability to data collected under the redesigned survey method, 1992-94. See BJS, *Criminal Victimization, 1994*, April 1996, NCJ-158022.

Women are at less risk than men of homicide in general

In 1995 the FBI's Uniform Crime Reporting (UCR) system reported that females represented 23% of all known homicide victims in the United States. In single victim-single offender incidents, males are most often slain by males (89%). Similarly, 9 of every 10 female victims were murdered by males.

In general, for both fatal and nonfatal violence, women are at higher risk than men to be victimized by an intimate

Female homicide victims are more than twice as likely to have been killed by husbands or boyfriends than male victims are to have been killed by wives or girlfriends.

For those cases in which the victim-offender relationship is known, husbands or boyfriends killed 26% of female murder victims, whereas wives or girlfriends killed 3% of the male victims.

Source: FBI, *Crime in the United States 1995: Uniform Crime Reports.*

In 1992-93 females experienced 7 times as many incidents of nonfatal violence by an intimate as did males. Each year women experienced over 1,000,000 violent victimizations committed by an intimate, compared to about 143,000 incidents that men experienced.

Annual average number of violent crime victimization by lone offenders*

	Victims	
	Female	Male
Known	2,715,000	2,019,400
Intimate	1,008,000	143,400
Relative	304,500	122,000
Acquaintance/ friend	1,402,500	1,754,000
Stranger	802,300	1,933,100

*Excludes homicide

Women were also more likely than men to experience violent victimization by a relative. In contrast, men experience victimizations by friends, acquaintances, and strangers in greater numbers than women.

Source: BJS, *Violence against Women: Estimates from the Redesigned Survey,* August 1995, NCJ-154348. This report restricted the analysis to lone-offender victimizations.

Women are more likely to be victimized by someone they know than by a stranger

In 1992-93 a majority of women victims (78%) indicated that the offender who victimized them was a person known to them (sometimes intimately). About 9% of female victims reported that the offender was a relative; 29%, an intimate (which includes spouse or ex-spouse, boyfriend or girlfriend, and ex-boyfriend or ex-girlfriend); and 40%, an acquaintance.

Twenty-three percent of female victims indicated that the offender was a stranger. This is in contrast to the victim-offender relationships in male victimizations that more frequently involve strangers. Male victims are about as likely to be victimized by a stranger (49%) as by someone they know (51%).

Source: BJS, *Violence against Women: Estimates from the Redesigned Survey,* August 1995, NCJ-154348.

The murder rates for both male and female victims of intimate violence have declined

From 1977 to 1995 the rate for husbands, ex-husbands, or boyfriends as murder victims of an intimate partner dropped by two-thirds. For female murder victims of an intimate, the decline was far less dramatic, from a rate of 1.6 per 100,000 to 1.3. These rates were based on murders in which law enforcement authorities determined the circumstances of the crimes.

During the same period, the homicides in which police could not determine the victim-offender relationship increased from 27% to 40% of all cases. Illegal drug trafficking is widely considered to be a major factor in the rise of murders with unknown circumstances. If that interpretation is correct, the increased proportion of murders with unknown victim-offender relationships should not greatly affect conclusions about the trends of murders by intimates.

Rate of intimate murders per 100,000 persons age 16 and over

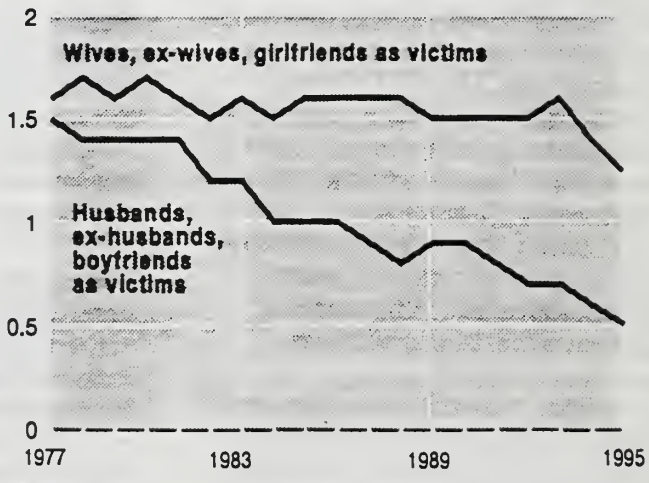


Figure 2

Sources: BJS, *Violence between Intimates,* November 1994, NCJ-149259.
FBI, *Crime in the United States 1995: Uniform Crime Reports.*
FBI, *Crime in the United States 1994: Uniform Crime Reports.*
FBI, *Crime in the United States 1993: Uniform Crime Reports,* Section 5, Homicide analysis.

Victimization rates of men exceed those of women in all violent crime categories except rape and sexual assault

	Victimization rates per 1,000 persons age 12 or older	
	Female	Male
All crimes of violence*	43	60
Rape/sexual assault	4	.2
Robbery	4	8
Assault	35	51
Aggravated	8	15
Simple	27	36
Homicide	.04	.18

Source: BJS, *Criminal Victimization 1994*, April 1996, NCJ-158022. Homicide rates were calculated from FBI, *Crime in the United States 1994: Uniform Crime Reports*.

Low-income women are more likely to experience violent victimizations

Women with an annual family income under $10,000 were more likely to experience violence than those with a family income of $10,000 or more.

When the violence is committed by intimates, women in the lowest income group are at 4 times greater risk than women in the highest income group.

Family income	Average annual rate of violent victimizations per 1,000 females	
	Total	Intimate
Less than $10,000	57	20
$10,000-$14,999	47	13
$15,000-$19,999	42	11
$20,000-$29,999	38	10
$30,000-$49,999	31	5
$50,000 or more	25	5

Source: BJS, *Violence against Women: Estimates from the Redesigned Survey*, August 1995, NCJ-154348.

The race or ethnicity of the female victim is not associated with level of risk

There is no evidence from the NCVS to suggest that different races have higher or lower risks of victimization by intimates. Also, between Hispanics and non-Hispanics there is no measurable difference in risk of victimization by intimates.

Source: BJS, *Violence against Women: Estimates from the Redesigned Survey*, August 1995, NCJ-154348.

Female victims are more likely to be injured in violence by intimates than in violence by strangers

Although women are more likely to sustain an injury when victimized by an intimate, the percentage of violent incidents requiring medical care is not affected by the victim-offender relationship.

	Percent of female victims	
	Sustaining injury	Requiring medical care
All lone-offender violence*	33%	41%
Victim-offender relationship		
Intimate	52%	41%
Other relative	38	35
Acquaintance/ friend	26	43
Stranger	20	37

*Excludes homicide.
Source: BJS, *Violence against Women: Estimates from the Redesigned Survey*, August 1995, NCJ-154348.

Women injured in violent crimes are more likely than those not injured to report victimizations to law enforcement

Among violent victimizations of women by lone offenders, a higher percentage of those involving injury than those without injury were reported to law enforcement:

- Injured 54%
- Not injured 39

Source: BJS, *Violence against Women: Estimates from the Redesigned Survey*, August 1995, NCJ-154348.

Victimization estimates from different sources may vary

Statistics reported from various sources may sometimes lack consistency. Many factors may contribute to these seemingly disparate results, such as differences in sample design, in sources of data (official reports or self-reports), in survey methodology, in the scope and specificity of the questions asked, in the time frame covered ("ever," "this year," or "while at college"), and in the definitions of events and relationships.

When reviewing data from different sources, it is useful to examine overall trends over time and the general magnitude and direction of patterns in the data, rather than focusing on specific numbers. Patterns and conclusions that are consistent across multiple data sources are generally reliable for policy purposes.

Sources

BJS, *Criminal Victimization 1994*, April 1996, NCJ-158022.

BJS, *Violence against Women: Estimates from the Redesigned Survey*, August 1995, NCJ-154348.

BJS, *Violence between Intimates*, November 1994, NCJ-149259.

FBI, *Crime in the United States 1995: Uniform Crime Reports*.

FBI, *Crime in the United States 1994: Uniform Crime Reports*.

FBI, *Crime in the United States 1993: Uniform Crime Reports*.

The Bureau of Justice Statistics is the statistical agency of the U.S. Department of Justice. Jan M. Chaiken, Ph.D., is director.

BJS Selected Findings summarize statistics about a topic of current concern from both BJS and non-BJS data sets. Cathy Maston provided statistical review. Tom Hester, Tina Dorsey, Priscilla Middleton, and Yvonne Boston edited the report. Marilyn Marbrook administered production.

December 1996, NCJ-162602

Data may be obtained from the National Archive of Criminal Justice Data at the University of Michigan, 1-800-999-0960. The report, data, and supporting documentation are also available on the Internet:

http://www.ojp.usdoj.gov/bjs/

SEXUAL ASSAULT NURSE EXAMINER PROGRAM
FACT SHEET

The **Sexual Assault Nurse Examiner Program (SANE)** provides a statewide network of trained and certified professionals, primarily registered nurses, who will be available 24 hours a day to respond to a sexual assault victims in emergency departments. The Sexual Assault Nurse Examiners (SANEs), skilled in performing medical legal exams, will be part of the Commonwealth's comprehensive system to support victims of sexual assault. The estimated cost of the SANE exam is $280 per victim.

This program will improve care to victims of sexual assault by:

- Providing specialized forensic care to sexual assault victims.
- Collecting consistent, complete and properly collected medical-legal evidence.
- Providing support, education and continuity during the medical-legal exam.
- Encouraging victims to seek legal resolution of the case.
- Providing a bridge between the medical and criminal justice communities.
- Assisting SAIN (Sexual Abuse Intervention Network) program with medical-legal evidence collection.
- Linking the victim with community services including Rape Crisis Centers

Why Massachusetts Needs SANE

Each year an estimated 2500 women, children and men in the Commonwealth of Massachusetts seek medical treatment for sexual assault. The current service system for care of sexual assault victims is fragmented, may result in revictimization and discourage the victim's follow through with the criminal justice system.

- Less than one third victims seek medical care after a sexual assault
- 49% of victims seeking medical care intend to prosecute, but few victims follow through.
- Care of sexual assault victims does not "fit" with many busy emergency departments:
  - Most staff do not have specialized training in collecting forensic evidence.
  - Evidence collection is complex, time consuming and may require up to 4 hours of uninterrupted care.
  - Low volume of sexual assault cases may decrease staff expertise in evidence collection.
  - Care of sexual assault victims is often delayed while staff care for patients with life threatening conditions.
- Evidence collection kits are often incomplete or contain improperly collected specimens according to Boston and State Police Crime Laboratories.

SANE Works in Other States

- In many cities and counties throughout the US, sexual assault nurse examiners have provided high quality care since the late 1970s.
- A SANE program in Santa Cruz, CA reports double the number of cases have been prosecuted since program inception 10 years ago. Successful conviction of perpetrators is 80% for adults and 100% for children.
- In Tulsa, OK, the SANE program reports 21 convictions in 24 jury cases.
- Several other programs report many alleged perpetrators plead guilty before trial when confronted with evidence collected by SANEs.

For more information contact Angela Nannini, MADPH, 624-6069

Sexual Assault in Massachusetts - A Statistical Overview

from The Massachusetts Coalition Against Sexual Assault

The Massachusetts Department of Public Health works with local Rape Crisis Centers to gather statistics so that we will know the facts and realities of rape in Massachusetts. While statistics do not tell the whole story of sexual assault, they can help us paint a picture of the problem...and perhaps indicate a direction in our prevention efforts.

The following information is a partial summary of statistics reported to the Massachusetts Department of Public Health in a seven year time period from 1988 to January, 1995.

Of all callers to Massachusetts Rape Crisis Centers in this time period:

Out of 21,443 reports of sexual assault:

- 68% (13,475) were incidents of completed rape
- 4.6% (906) were incidents of attempted rape
- 16.7% (3,304) were incidents of physical sexual assault
- 1.3% (261) were incidents of verbal sexual assault
- 2.8% (556) were incidents of sexual harassment

The Victim...is anyone safe?

- 65.5% identified themselves as the victim of a sexual assault (13,766/21,444)
- 93.9% of reported victims were female (19,656/21,443)
- 83.0% of reported victims were white (12,688/21,443)
- 6.6% of reported victims were Black (1,008/21,443)
- 6.2% of reported victims are Hispanic (946/21,443)
- 1.5% of reported victims are Asian (230/21,443)
- .3% of reported victims are Native American (44/21,443)
- 37.8% of reported victims were 13-19 years of age (5,394/21,443)
- 20.2% of reported victims were under 13 years old (2,885/21,443)

The Offender...who can you trust?

- 89.3% of the reported offenders are male (16,970/21,471)
- 76.6% of reported offenders are white (9,670/21,467)
- 9.9% of reported offenders are Black (1,252/21,467)
- 7.7% of reported offenders are Hispanic (975/21,467)
- 1.2% of reported offenders are Asian (146/21,467)
- .2% of reported offenders are Native American (19/21,654)
- 32.8% of reported offenders were age 30-45 (4,469/21,654)
- 2.5% of reported offenders are under age 13 (347/21,654)

- 12% of callers identified the offender as a stranger (2,120/21,638)
- 20% of callers identified the offender as an acquaintance (3,531/21,638)
- 4.6% of callers identified the offender as a spouse (810/21,638)
- 1.1% of callers identified the offender as an ex-spouse (190/21,638)
- 4% of callers identified the offender as an ex-partner or ex-lover (712/21,638)
- 10.4% of callers identified the offender as a friend (1,844/21,638)
- 1.4% of callers identified the offender as a boss/supervisor (241/21,638)
- 1.8% of callers identified the offender as a co-worker (310/21,638)
- .8% of callers identified the offender as school personnel (135/21,638)
- .4% identified the offender as a counselor/therapist (65/21,638)

The Place...is anyone safe?

- 48.2% identified their own home as the place of the assault (7,703/21,443)
- 2.8% identified the workplace as the assault site (445/21,443)
- 1.9% identified a residential facility or institution (300/21,443)
- 2.0% identified school or day care as the assault site (312/21,443)
- .8% identified a physician's office as the assault site (312/21,443)
- .3% identified a therapist's/counselor's office (43/21,443)
- 5.4% identified woods, park or beach as assault sites (860/21,443)
- 4.8% identified the street or a parking lot as the site (762/21,443)
- 6.8% identified the site as a car or vehicle (1,092/21,443)

Women live in fear. They are not safe in their homes, on the streets, at work, at school, in their cars, or even at church. They cannot completely trust their spouses, ex-spouses, former lovers, acquaintances, strangers, or even their friends. Granted, not all of our doctors, therapists, bosses or co-workers are offenders...but some of them are. Offenders do not fit any of the stereotypes we choose to believe in order to feel safe.

Educating victims to circumscribe their lives creates a false sense of security and does nothing to hold the offender accountable. In addition, implying that there is something the victim "could have done" to prevent the assault blames the victim, and contributes to any feelings of guilt and shame the victim already feels. There is hope, however.

We can educate ourselves and each other about appropriate boundaries in our personal and professional relationships. We can demand enforcement of strict controls in the community when boundaries are betrayed.

We can confront and challenge images in the media that degrade and objectify women. We can demand accountability from our legislative representatives in terms of economic support for our work. We have the right to expect local and national leaders to model their concern for our issues with respect to their own relationships as well.

COMMONWEALTH OF MASSACHUSETTS
MASSACHUSETTS SENATE
STATE HOUSE BOSTON 02133-1053

SENATOR CHERYL A. JACQUES
NORFOLK BRISTOL
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COMMITTEES
SENATE POST AUDIT AND OVERSIGHT (CHAIR)
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BILLS IN THIRD READING (VICE-CHAIR)
WAYS AND MEANS
BANKS AND BANKING
FEDERAL FINANCIAL ASSISTANCE
ETHICS

An Act To Protect the Privacy Rights of Victims of Sexual Assault and Domestic Violence ("Rape Privacy" Bill)

Lead Sponsors: Senator Cheryl A. Jacques and Representative David Cohen

History
This bill is a redraft of S.1964 from the 95/96 session. The '97 bill includes significant changes from the original, including the incorporation of principles articulated in the Supreme Judicial Court's ruling in Commonwealth v. Fuller (1996).

Summary of Commonwealth v. Fuller
Fuller involved a rape defendant's request for counseling records held by a rape crisis center. The court denied the request and adopted a strict need based, materiality standard which allows access to records only when constitutionality required. The court defined materiality as evidence that is both admissible and "tends to create a reasonable doubt that might not otherwise exist." In its discussion, the court recognized the importance of confidentiality in the rape crisis counselor/victim relationship, emphasizing that confidential records are not a means to "gather evidence for prosecution, but to mend a damaged psyche."

Why is This Legislation Necessary?

I. To protect victims who see other types of counselors
The records involved in the Fuller case were held by a rape crisis counseling center and the court's ruling applies only to those facilities. However, it is critical that victims be able to seek help from the source that is the most available and beneficial to them and still have their records protected. This bill would do just that by extending Fuller's protection to victims who turn to school counselors, licensed social workers, domestic violence counselors, mental health facilities, psychotherapists, and counselors at the Department of Mental Retardation.

II. To ensure that victims are notified of the request for their records

The SJC recognized that there must be advance notice of a defendant's request for counseling records. However, the court did not address who will have responsibility for giving notice. To ensure that notice is given, this bill enacts procedures for the notification of the counselor (the holder of the records), the prosecutor, and the victim. It also specifies the right of the victim and the counselor to be heard by the court in opposition to the request.

III. To provide sanctions for a violation of a protective order

Although Fuller established standards defining when access may be granted, there remains no meaningful protection when access is allowed to guard against unauthorized dissemination. This bill mandates that a protective order be in place to limit and control access when a review is allowed. Furthermore, the bill imposes penalties for violations of the protective order and articulates other restrictions which may be imposed when the records are disseminated, including:

- impounding the records;
- prohibiting the records from being removed from the courthouse, reproduced without permission, or reviewed by unauthorized persons;
- and the court may keep a log of where and when the material was reviewed.

Effect on Defendant's Rights

At least three states absolutely deny access to records. This bill however, is carefully designed to allow access when constitutionally required. It strikes an appropriate balance between the defendant's right to a fair trial, the rape victim's right to privacy and society's interest in preserving the confidentiality of the counselor/victim relationship. By providing for the disclosure of records when constitutionally required, the bill conforms with Fuller, the Supreme Judicial Court's most recent and definitive ruling on the subject. However, given that sexual assault victims and victims of domestic violence must confront an intensely personal trauma within the counseling relationship, the bill strictly limits when and how confidential records may be disclosed. Finally, society has a strong interest in the rehabilitation of these victims which can only be served by preserving the confidentiality of the counselor/victim relationship, thus encouraging a victim to seek the help he or she needs.

Questions? Please contact Rebecca Saybolt, Office of Senator Cheryl A. Jacques at 722-1555.

rem: December 18, 1996

One Voice and the American Coalition for Abuse Awareness

P.O. Box 27958
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202-462-4688 Voice
202- 462-4689

One Voice, the National Alliance for Abuse Awareness, seeks to improve the quality of life for children and adult survivors of incest and sexual abuse, physical and emotional abuse. One Voice, and its public policy project, the protective parents, legal and health care professionals, supporters and concerned citizens across the United States to increase public awareness about the current epidemic of child abuse and the devastating long-term effects it can have not only on individual victims but our society in general. One Voice supports the right of victims of incest and sexual abuse to seek redress through the court system, recognizing the traumatic nature of these injuries often delays disclosure and/or prevents timely redress through the courts.

Since the late 1980's our country has witnessed an increasing concern for victims of violence, not only in our streets but in the very homes where we assume children should be safe from harm. Abuse, and in particular, sexual abuse and incest, has traditionally been a closely-guarded secret, rarely spoken of or revealed even to the family doctor or minister, not to speak of law enforcement agencies. However, as a result of our growing awareness not only for the high incidence of the sexual violation of children (which our laws recognize as a crime), but for the often debilitating long-term effects which result, many states have made changes in their statute of limitations, allowing cases to go forward which were previously time-barred.

Some groups advocating on behalf of parents accused of incest predict "an epidemic" of law suits clogging the courts. In fact, relatively few cases are accepted and of these, few result in substantial damages being awarded to the plaintiffs whose verdicts survive the appeals process often never collect a penny of the damages awarded: the defendant's capital assets are liquidated, moved, hidden, or otherwise concealed so that payment is successfully avoided.

In 1990, Sharon Simone, M. ED., together with her sister Susan Hammond, initiated a suit against their father, Edward J. Rodgers, Jr., who had worked for the FBI and was a national child abuse expert. The jury awarded them 2.3 million dollars, but they never collected because Mr. Rodgers refused to pay the judgment. When approached by Ms. Simone, former Rep. Patricia Schroeder from Colorado agreed to champion a bill which would address this problem by attaching the federal pension of the party found liable in order to satisfy the court-awarded damages. Led by Sharon Simone's efforts, attorney Joyce Seelen, the National NOW Legal Defense and Education Fund and the American Coalition for Abuse Awareness succeeded in raising enough grassroots support leading to a unanimous vote in both the House and Senate and a Victory for "The Child Abuse Accountability Act of 1994."

ACAA would like to see the logical extension of the legislation initiated by Sharon Simone be applied to private pensions in the form of "The ERISA Child Abuse Accountability Act of 1997" (an amendment to The Employee Retirement Security and Income Act.) We are working together with Jennifer Hoult (who has done the lion's share of the groundwork for this bill) whose successful verdict in Massachusetts Federal Court was upheld in all appeals. We presently are seeking co-sponsors for introduction in the House and Senate and believe this bill has a very good chance of swift passage. Private pensions are already subject to attachment for alimony and child support payments. We are not asking the government for money-- this bill simply allows the attachment of the defendant's private pension to enforce the damages already awarded by the court. It is tough on crime and demands accountability for child abusers found liable in a court of law. It prevents the re-abuse of the victim at the hands of his or her perpetrator by sending a clear message that the court's decision for the plaintiff will be upheld. The current law protects perpetrators of incest and sexual abuse by prohibiting the attachment of private pensions.

The ERISA Child Abuse Accountability Act of 1997's main sponsor is Rep. Carolyn Maloney (D-NY). For more information about the proposed bill, please contact Ms. Maloney's legislative aide Gail Ravnitzky at 202-225-7944 or Eileen King, One Voice/ACAA at 202-462-4688.

The RAINN Hotline might also be of special interest to conference participants. RAINN stands for the Rape, Abuse, Incest National Network began by singer Tori Amos and founded with generous grants from Atlantic Records and the Warner Music Group. Through the technical support of MCI, the RAINN crisis hotline has connections to over 600 local rape crisis centers and will connect a hotline caller to the nearest center for help 24 hours a day. RAINN can be reached by dialing 1-800-656-HOPE.

Submitted by Eileen King, One Voice/ACAA

105TH CONGRESS
1ST SESSION

H. R. 1142

IN THE HOUSE OF REPRESENTATIVES

Mrs. MALONEY of New York (for herself, Mr. Ramstad, Mrs. Norton, and Mr. Smith (NJ)) introduced the following bill; which was referred to the Committee on Education and the Workforce and the Committee on Ways and Means

A BILL

To amend title I of the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code of 1986 to permit the creation or assignment of rights to employee pension benefits if necessary to satisfy a judgment against a plan participant or beneficiary for physicially, sexually, or emotionally abusing a child.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "ERISA Child Abuse Accountability Act of 1997".

March 11, 1997

Workshop D

Violence Prevention: Reducing Gang Violence

Violence Prevention: Reducing Gang Violence

Moderator:

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In San Diego one day in early 1995, one man's grandson killed another man's son. "It was expected that I would react with violence," said the father of the slain boy. But he didn't.

'I Realized That Change Had To Start With Me'

Azim Khamisa (second from left) and Ples Felix with students at Birney Elementary School in San Diego for the first Violence Impact Forum—a program aimed at preventing gang violence through school tours and community visits.

"There's something really wrong with a society where kids kill kids," says Azim Khamisa, whose only son was killed by a 14-year-old.

BY MICHAEL RYAN

PLES FELIX WAS worried about meeting alone with Azim Khamisa. "It was difficult," he said. "I didn't know what to expect."

It took courage for Felix to go to Khamisa's home in San Diego that November day in 1995. But it also took forgiveness, magnanimity and valor for Khamisa to invite Felix to his house. Less than 10 months before, Felix's grandson had walked up to Khamisa's only son, Tariq, raised a gun and ended a promising young life.

Today, these two men are working together to save other families from a similar tragedy.

I spoke with Ples Felix and Azim Khamisa at the Tariq Khamisa Foundation, which works with San Diego schools and community groups to educate children and parents about gang violence. The two created the videotape *Too Many Victims*, which will be shown during a tour of 10 elementary, middle and high schools in Southern California from March 6 (Tariq's 23rd birthday, had he lived) to the summer. The tour, called the Violence Impact Forum, is a two-phase program that includes parents, brothers and sisters of students who were victims of violence and takes the message of nonviolence into places in the community such as churches.

Azim Khamisa and Ples Felix already have brought their message of nonviolence and concern for children to thousands. At last year's Stand for Children rally in Washington, D.C., 250,000 people cheered, applauded and even wept as Azim told the story of his son.

Azim and his wife were Muslims who fled Africa to avoid religious persecution. (Now divorced, they also have a daughter.) Tariq was born in the U.S. He was "a gifted writer, a very talented photographer," said Azim. "He loved to laugh." Tariq was a college student working weekends as a pizza deliveryman.

Tony Hicks, however, was a troubled boy. His parents were both involved with gangs, and he witnessed violence as a child. Ples Felix said his grandson, Tony, was molested by an older male acquaintance at age 6. When Tony was 9, his mother sent him to live with his grandfather. "My daughter and I felt he needed a consistent male role model," said Ples.

Ples was a good role model—a project manager with a master's degree. He gently but firmly made Tony do his homework and clean up after himself. "But even if you're a good parent," Ples explained, "you're still competing with the time your child spends outside, in society."

In his father, Tariq had a good role model as well. Azim Khamisa became an investment banker in the U.S. He spent most of his free time with his son.

Tariq and Tony met on a Saturday in January 1995. Tariq, 20, had just moved into an apartment with his girlfriend. That night at work, he volunteered to make the last pizza run. Tony, 14, had run away from home that day and ended up at an apartment used as a gang hangout. There he met three other teenage males and two teenage girls. The boys decided to rob a pizza deliveryman. Promised two slices of pizza, one of the girls phoned for a delivery to a nonexistent apartment in a building complex nearby.

The four boys waited outside the building. Tony was given a gun. The group watched as Tariq rang several doorbells, searching for the right apartment. Then they surrounded him and demanded the pizzas and his money. Tariq refused. When he walked to his car, the teenagers followed. The oldest boy ordered Tony, the youngest, to shoot. He did.

It was Sunday morning when the cleaning lady arrived at Azim Khamisa's house and found a business card from a homicide detective wedged in the door. A note on the card asked Azim to call

D-3

him. (Azim's doorbell hadn't been loud enough to awaken him in his bedroom.) When Azim phoned the officer, he was told his son was dead.

Throughout the next week, with a memorial service and a funeral for Tariq, Azim felt barely conscious. "I was numb," he said. Then Azim received a call from the police, telling him that the murder suspects were teenagers. Azim began to feel emotions. "I did feel rage," he recalled. "It was a rage at our society. There's something really wrong with a society where kids kill kids."

Yet Azim handled his loss positively. "I chose to react nonviolently," he said. "It would have been okay for me to react the other way. In fact, it was expected. But I realized that change had to start with me."

Tariq Khamisa

Tony Hicks

"Even if you're a good parent, you're still competing with the time your child spends outside, in society."

Tony Hicks and the other boys were charged with the slaying after the girl who had phoned in the pizza delivery order confessed. When he was picked up by the police, Tony admitted he had shot Tariq.

Tony pleaded guilty to the killing and received a sentence that will keep him in prison until he is 37. He was the first juvenile in California to be charged as an adult in a major felony case. Azim Khamisa can't bring himself to speak with Tony. Still, he disagrees with the punishment. "Trying 14-year-olds as adults is not the answer," he said. "We've got to get to the root causes of violence."

As for Tony, "He is a very sad and regretful kid," said Ples Felix, who visits his grandson regularly at a California youth facility. "He's very anxious to help other kids not make the same mistake."

Ples feels his grandson can become a valuable member of society someday: "If we support him and give him what he needs, it can happen." I turned to look at Azim Khamisa after Ples said this, and I saw a small smile of agreement.

For more information, call 1-888-435-7853 or write: The Tariq Khamisa Foundation, Dept. P, 550 W. C St., Suite 1700, San Diego, Calif. 92101-3568.

Our anticrime 'miracle'

PAUL F. EVANS and ALAN FOX

BOB DAHM ILLUSTRATION

The start of 1997 has brought Boston national attention – not just surrounding the Patriots' drive to the Super Bowl, but also the city's extraordinary success in reducing crime, especially youth firearm violence.

Inquiring minds are more than a bit curious about how Boston has achieved record low levels of crime, numbers not seen since the 1960s.

No juvenile has been killed with a firearm in Boston since July 1995. During the latter half of 1996, the number of gun-related murders of residents under age 25 plummeted 65 percent. With 35 fewer people dying violently in Boston in 1996, as compared to 1995, the overall murder toll has dropped 36 percent, reaching its lowest point in three decades. Serious crime in 1996 was also down 14 percent over the previous year, down to its lowest level in 26 years.

The latest "Massachusetts Miracle" has actually not been so miraculous. It is the predictable result of much hard work from many sectors. Boston has pursued a comprehensive strategy of prevention, intervention and enforcement, and it has paid off.

While the Boston Police Department would seem to be the first place to look in an attempt to explain the dramatic reductions in violent crime, credit should also go to an ever-expanding network of committed citizens, preventing crimes one by one, street by street, neighborhood by neighborhood. Central to this initiative were months of involvement by over 400 citizens, police officers and institutional partners in crafting a new, citywide Strategic Plan for Neighborhood Policing, featuring specific goals and objectives tailored for each neighborhood.

Through partnerships and alliances with individuals and organizations from the Boys and Girls Clubs and the YMCA's to the Ten Point Coalition of clergy, from universities like Northeastern and Harvard to corporate players such as John Hancock, these strategic plans for a safer city are now well into implementation.

Supported by Mayor Tom Menino, the Boston Police Department has continued to add new officers, building the capacity to keep the same cops working in the same neighborhoods. This "same cop, same neighborhood" approach formed the framework for such initiatives as the Youth Service Providers Network, a partnership between the Boston Police Department and the Boys and Girls Clubs of Boston through which police officers work with at-risk children to help arrange needed social and community services.

With generous federal and state support, the strategy of "same cops, same neighborhoods" has taken root citywide and is critical for implementing the local neighborhood strategic plans. From the antigraffiti campaign in Allston and Brighton to the order maintenance strategies of East Boston's Safe Neighborhood Initiative and the truancy intervention program in Dorchester, officers are working with the community to resolve local problems through local solutions.

The Ten Point Coalition and the Boston Police Youth Violence Strike Force, with support from John Hancock Financial Services, continue to operate the Summer of Opportunity program, creating job opportunities for a growing number of at-risk youngsters. Summertime in Boston no longer brings about worries of rampant lawlessness by bored and unsupervised youth.

Through the Alternatives to Incarceration Network, courts and service providers are collaborating on choosing effective strategies for those offenders who need more than supervised probation, but for whom incarceration is not the best next step.

Effective law enforcement requires detailed knowledge about the patterns and correlates crime. We know that 85 percent of convicted offenders in Massachusetts serve their sentences in the community, on probation or parole. We also know, through research conducted at Harvard's Kennedy School of Government, that victims and perpetrators of violence typically have prior contact with criminal justice agencies. According to this research, 75 percent of youthful murder victims had been arraigned at least once.

Recognizing the advantages of inter-agency information sharing, we created targeted interventions under the basic principle that outcomes are more important than turf. Boston's public safety and criminal justice communities have developed an unprecedented sense of common mission. Working collaboratively rather than competitively, with prevention as the goal, new alliances are wearing down old turf barriers.

Notwithstanding the improved climate, there is little time to celebrate. Crime is down but far from out. We must be relentless. After all, with no juveniles murdered in Boston in 1996, there is only one way the statistics can go. It is now up to all of us to ensure a tranquil future by sustaining the sense of urgency.

Demographics will intensify the challenges of crime, as the number of at-risk youth continues to expand. In Massachusetts, the population of teens, ages 14-17, will increase by 17 percent over the next eight years, even while the overall population count remains level. These future teenagers have already been born; they are living in our neighborhoods and are dying for attention. What we do, or fail to do, as a community will make all the difference.

Paul F. Evans is commissioner of the Boston Police Department. James Alan Fox is dean of the College of Criminal Justice at Northeastern University.

Tuesday, February 18, 1997. The Boston Globe.

Another reason crime has fallen: black leadership

DERRICK Z. JACKSON

When juvenile (a.k.a. black) crime skyrockets, the white media ask, "Where is African-American leadership?" African-Americans who ask for help from big government are called whiners.

When crime falls, African-American leadership becomes an asterisk. Police and prosecutors praise themselves for locking up criminals. Boston Mayor Menino and President Clinton say they have saved black children with, of course, big government. The media, toothless on this hypocrisy, become mice following the piper.

This happened last week, when African-American clergy were nearly left off Clinton's roundtable on juvenile crime at UMass-Boston. A member of the Ten Point Coalition was added at the last minute. The coalition's Eugene Rivers said the near-exclusion was shocking "given all the extraordinary work that a broad range of black clergy have done to improve the racial atmosphere of the city so law enforcement could do the job."

This was an ironic indictment, since Rivers is part of a coalition that is said by some African-American activists to be too close to Menino. If Ten Point had this hard of a time being an asterisk, you know everyone else was erased.

Whatever the successes of community policing and city-run programs, there are many more reasons there has not been a juvenile killed by gunfire in 19 months.Some of the reasons you have heard of: Rivers, the Revs. Ray Hammond, Bruce Wall, Michael Haynes, and Earl Jackson. Gang Peace. The Urban League. The Boys and Girls Club of Roxbury.

Others you may have not. In 1989, the same year Gang Peace was formed, Concerned Black Men of Massachusetts established the first of several extracurricular schools. In 1994, CBMM and the local Morehouse College alumni chapter began bringing all the programs together for inspirational speeches and career days in Bridging Bridges.

The program has touched 300 to 400 children. A "black man think tank" last fall by the same group attracted 425 people. Under the discipline of mentors, hot-tempered youths learn to apologize instead of fight.

The Dudley Street Neighborhood Initiative has inspired scores of youths to clean streets and design parks. The Harriet Tubman House has provided artistic outlets. Several young fathers programs have remolded men. Don Muhammad and the Nation of Islam go into prison to exhort young men to study and stay straight when they get out.

Roxbury Youth Works, Dimock Adolescent Services, the Grove Hall, Mattahunt, Whittier Street and Uphams Corner community or health centers, From the Bottom Up, First Inc., Christian Soldiers, WILD-AM's literacy program, African-American sororities, and the Coalition of 100 Black Women have kept both boys and girls occupied.

At Roxbury District Court, the judges give as much opportunity as they can to offenders through education and work options. Despite the need to put away some thugs, they are disgusted with a system – maintained by Clinton – that indiscriminately locks up nonviolent African-American offenders. A third of African-American men aged 20 to 29 have a criminal record. Clinton's $500 million juvenile crime plan is heavy on police and light on prevention.

Presiding Judge Gregory Phillips and Judge Milton Wright both say they see a new spirit in the street and in the court. Phillips said many people he has sentenced come back wanting to speak to youths. "You see people who were messed up who are now cleaned up and dressed up," Phillips said. "You see people making these tiny steps. I feel wonderful about what is happening in this community."

That feeling is most symbolized by the Million Man March. Utterly absent in the coverage of the drop of youth crime was any speculation on march's impact. Of the 19 months without a youth being shot dead, 16 were after the march. In March of 1994, Nation of Islam leader Louis Farrakhan came to Boston to urge African-American men to take a pledge of nonviolence. In the four years prior, 30 children under the age of 17 were killed by gunfire. In the three years of 1994-96, the total dropped to 7.

Several community leaders said the march has stimulated a new volunteerism. The best-kept secret of Boston is that men like Keith Motley made sure there were places for volunteers to go. Motley, dean of students at Northeastern and a member of Concerned Black Men, said a man recently walked up to him on a train to thank him. Years before, the man was in a gang.

Motley let him into a youth event provided he was peaceful. "You fed me, you never counted me out," the man told Motley. "Now I'm married, with a boy. I moved out of the environment."

Motley said such moments are as much an example as the braggadocio of police and pols why juvenile murders have momentarily disappeared. "We expected no credit for this," Motley said. "What matters is that our children know what time it is. We are now seeing a lot of the children we've had for eight years become 10th and 11th graders, and now they are talking to the new third- and fourth-graders like we used to talk to them. When our staff sees that, it sometimes brings tears to our eyes."

Derrick Z. Jackson is a Globe columnist.

March 2, 1997, The Boston Globe

D-7

With youth crime down in Boston, what do we do for an encore?

DEBORAH PROTHROW-STITH and HOWARD SPIVAK

President Clinton came to Boston recently to celebrate the city's success in reducing youth violence. That success resulted from Boston's unique combination of long-term, multidimensional prevention strategies.

The approach has involved the extensive commitment of public and private resources, service agencies, communities, neighborhoods, and numerous individuals. Strategies to address the problem have come from criminal justice, public health, and religious organizations, youth programs, individual citizens, community groups, health care providers - the full list is even longer.

The recognition from the president is welcome and well-deserved. There is a lot that others can learn from Boston's violence prevention movement. However, if we are to continue to be successful and to deserve the ongoing attention of the president and the nation, then we must look forward and build on our accomplishment, not glory in it. To this end, we propose some next steps for this process.

Where does Boston go from here?

■ Those who have been working to prevent youth violence over the last 15 years must remain committed to this ever-present epidemic. We knew it was a long-haul proposition at the start, and this is no time to relax our efforts.

■ We need to create opportunities to highlight the successes of the hundreds of youth violence prevention programs and the thousands of people who staff them. Recognition is an important energizing factor that helps to motivate individuals to maintain programs. Unfortunately, the recent attention and credit was given almost singularly to the police, leaving many whose work still ought to be recognized.

■ We need to involve more youth in our prevention efforts. They are the most successful violence prevention workers and need to own the issue as much as the rest of us.

■ We need to invest more money into our schools and hold the teachers and administrators accountable. Education is integral to equipping young people with the skills they need for success.

■ We need to increase our focus and financial support for the hundreds of violence prevention programs that have been working to enhance the life options available to youth. For the last 15 years, such programs have been providing our Boston youth with educational, recreational, and employment opportunities that are critical to making violence an undesirable and obsolete behavior. Though their work has been central to Boston's current success at reducing youth violence, too many are underfunded, and some are at risk of closing – an irony in light of the president's visit.

■ We need to increase the implementation of school curriculums that provide students with social skills that are the basis for nonviolent alternatives to resolving a conflict.

■ We must increase our support for health and mental health services for youths so that we are conveying a clear message to young people that they are considered valuable members of our community and that we are invested in their well-being.

■ Ultimately, we need to build on the collaborative violence prevention efforts of the police, churches, schools, tenants associations, professional organizations, community-based organizations, health care providers, and the business sector.

Boston's success demonstrates that youth violence prevention can work and that it requires a determined, coordinated, multidimensional, and lasting campaign across agencies, disciplines, and institutions. We cannot become complacent.

Although we are moving in the right direction, the epidemic of youth violence is not over. We must build on our efforts and continue to invest in the strengths and talents at the neighborhood level, from which much of our success has come. Here lies our strength, uniqueness, and success.

Dr. Deborah Prothrow-Stith, is a professor of public health practice at Harvard School of Public Health. Dr. Howard Spivak is vice president for community programs at New England Medical Center.

TEENS AGAINST GANG VIOLENCE PLEGDE

We pledge and promise to work together with the members of our family, school, community and city to eliminate violence in all it's forms, including racism, sexism, homophobia, guns, drugs,crime and fighting.

We commit ourself to nonviolence by:

1. Refusing to participate in any form of physical or emotional violence.

2. Modeling language and behavior that is non - biased and inclusive of all persons regardless of race, gender, ethnicity, disabilities, sexual orientation, or religion.

3. Educating ourself about the rich cultural diversity which exists in our society and seeking out opportunities to participate with culturally divetse groups.

4. Intervening to let others know that we will not tolerate jokes, comments,slurs or actions that demean any person or group.

5. Joining with other people in efforts to combat prejudice and violence.

6. Sharing this pledge with a friend.

We pledge to
Reject hate and embrace love
Serve and care for others
And make a difference with my life.

TEENS AGAINST GANG VIOLENCE PROGRAM
2 Moody Street, Dorchester, MA 02121
Tel/Fax: (617) 282-9659

Teens Against Gang Violence Program (T.A.G.V.) is a volunteer community based program located in Dorchester, Massachusetts. It provides primary gang and drug prevention education and intervention services, to youth service providers, youths and families.

The program is comprised of youth of color, from different cultural and ethnic backgrounds, both male and female ranging from ages 14 to 20, who reside in the urban neighborhoods of the City of Boston. Children Against Gang Violence (C.A.G.V.), the siblings of the T.A.G.V. ages 8-12, and Parents Against Gang Violence (P.A.G.V.), the parents of the C.A.G.V. and T.A.G.V. were established in 1994 as a means of providing support for the whole family. All three groups receive training as trainers and educators. The majority of the youths live in single parent households and are subject to the pressures of the urban environment such as gang violence, drugs, guns, crime and poor economic conditions. They are encouraged to attend school, develop, maintain, and role model a non-violent attitude and behavior in and out of school. Despite the adverse conditions they are faced with, all youths must attend school and maintain at least a C grade point average, to participate in the T.A.G.V. Most maintain higher grade average and three have been accepted to college, and one is completing his second year.

T.A.G.V. was founded in 1990 by Dr. Ulric Johnson, then Director of the City of Boston's, Department of Health and Hospital Gang/Drug Prevention Program. Through his local and national travel and presentations on gang/drug violence prevention, and his work as a diversity trainer and educator, Dr. Johnson saw the need to start a youth based program to address three myths that he continues to encounter:

MYTH 1 - Gang violence is only an issue for inner city, youth of color.
MYTH 2 - If you are a youth of color and wear a black hooded sweat-shirt, you are automatically a gang member.
MYTH 3 - Youth of color are the problem and do not want to be part of the solution.

His belief and philosophy of the T.A.G.V. program is that the root causes of all violence is the failure to appreciate the many divers aspects of one self and others, including: color, culture, class, character, and context (The model calls these " The 5 C's of awareness "). Non-violence can only be achieved through embracing the 5 C's, valuing differences, and supporting peace and justice for all. Through our confidence, courage, commitment, development of community, and willingness to face conflict (The 5C"s of change), we will achieve true peace and justice.
The T.A.G.V. and their supporters believe "That true peace is not the absence of violence, but the presence of justice" (Quotation taken from Martin Luther King) Jr.).

Handout #1-1

FIVE TYPES OF GANGS AND GROUPS

The Entertainment Group

Meets primarily for the purpose of entertaining itself or the public.
Examples: sports teams, music groups, theater groups, chess clubs.

The Containment Group

Forms to maintain law and order in the community or in society.
Examples: police, neighborhood watches, the National Guard, Guardian Angels.

The Criminal and Violent Group

Forms around violence or criminal related activity.
Examples: the Ku Klux Klan, Neo-Nazi Gangs, violent street gangs such as Crips and Bloods, Skin Heads.

The Liberation or Political Group

Forms around wanting to make political change in a community or in society, usually by helping elect a candidate, pass laws, or increase the civil rights of a group.
Examples: civil rights groups such as the African National Congress, political parties, the Rainbow Coalition.

The Social Group

Forms to socialize and share in each other's company, to educate itself, or to share a common activity or belief. Its organization can be very informal and loose or very structured, depending on the goals of the group.
Examples: groups of friends or co-workers, support groups, clubs, study groups.

Copyright: Ulric Johnson, Cross Cultural Consultation

Handout #2-1

COMMON MYTHS ABOUT GANG INVOLVEMENT

MYTH: Gang/drug violence is a male, urban, minority problem.

FACT: Gang/drug violence is both a male and female problem that occurs in White communities and communities of color, both urban and suburban.

MYTH: Gang members usually make huge amounts of money for themselves through selling drugs.

FACT: Gang members may make a lot of money, but most of the money is not theirs. It belongs to someone else, usually the person they are dealing for. Because drug dealing is against the law, the money is made through violence and criminal behavior. The fact remains that drugs kill and drug use is associated with violence.

MYTH: When you join a gang you put your life in danger.

FACT: Every time an individual participates in any type of illegal and violent behavior they risk getting killed, being hospitalized or going to jail.

MYTH: When you join a gang, the gang makes sure that your family is not exposed to the danger that comes from participating in the gang.

FACT: When an individual chooses to participate in any violent or criminal activities, they automatically expose their family to the same danger and consequences of the behavior. If you get killed, hospitalized, or imprisoned, it affects your family.

MYTH: When you join a gang, you get a group of loyal friends and family.

FACT: Gang membership usually requires loyalty to the gang and not to the individual members. This is seen often in gangs requiring individual gang members to risk their lives, or the lives of their loved ones, for the gang or gang leader(s).

MYTH: Gang leaders care about their members.

FACT: Most gang leaders' primary concern is the gang and their leadership over the gang. They will do whatever it takes to maintain control and power, even if it means the sacrifice of a gang member's life.

MYTH: Joining a gang brings a person respect.

FACT: There is a difference between fear and respect. Gang members are usually feared by others, not respected. Respect is based on courage and knowledge of oneself. Fear is based on ignorance, threats, and intimidation.

MYTH: It's easy to get out of a gang.

FACT: It is not easy to get out of a gang or the life-style one develops by participating in a gang. It means changing behaviors, attitudes, and friends associated with the gang life-style.

MYTH: Once in a gang, you can never get out.

FACT: It is possible to get out of a gang. Many former gang members, after making a decision to stay away from people, places and behaviors associated with gangs, have been able to leave and stay out of gangs.

MYTH: All active gang members make it peacefully into old age, and don't end up in jail or dead.

FACT: Most gang members do not make it peacefully into old age. The longer you stay involved in a gang, the greater the chance that you will hospitalized, crippled, imprisoned, or killed.

MYTH: Having, carrying, and using a gun brings a person respect.

FACT: There is a big difference between someone fearing you because you have a gun and respecting you because of your self-knowledge and the respect you show yourself and others.

MYTH: The best way to end gang/drug violence is to make new laws, hire more police, build more jails and incarcerate more gang members.

FACT: For gangs and violence to end, we need to work to eliminate their root causes: poverty, oppression, economic injustice, and a culture that glorifies violence. To accomplish this, we must educate children, youth and adults that peace and justice, rather than violence and indifference, are the values by which we should live.

Copyright: Ulric Johnson: Cross Cultural Consultation

Handout #3-1

SIX STAGES OF GANG DEPENDENCY

Stage 1: Gotta Be: Feeling Pressure for Gang Involvement

The youth, responding to peer pressure, lack of love and support at home, problems in school, street culture, etc., begins to believe that joining a gang will provide him or her with acceptance, protection, love, etc.

Stage 2: Wanna Be: Desiring and Experimenting with Gang Involvement

The gang looks attractive to a youngster. Gangs seem glamorous, give you lots of friends, help you have money, act cool, and so on. A wanna be is beginning to think about the possibility of gang membership.

Stage 3: Gonna Be: Seeking Contact with Gang Members

The youth makes a decision to explore the possibility of joining a gang. He or she seeks out contact with gang members, begins to dress like a gang member, uses gang slang, etc.

Stage 4: Associate: Dependency on Gang Involvement

The youth is now a gang member and begins to depend on the gang to meet such needs as friendship, self-esteem, comfort, excitement, etc. At this point the young person openly identifies as a gang member and drops all of his or her non-gang friends.

Stage 5: Member: Full Indoctrination

The gang member is now expected to actively participate in and support all gang-related activities, even when he or she doesn't want to. The member is fully dependent on the gang and is preoccupied with paying or giving back to the gang what he or she has received.

Stage 6: Hard Core: Loss of Identity

The gang member takes his or her identity entirely from the gang. Its values become his or her values. This usually leads to more and more involvement with court system, prison system, and hospital and often results in death.

Handout #4-2

GUNS AND YOU: DOS AND DON'TS

Q: What do you do if you see a gun while you are at school, at home, or at a friend's house?

A: Don't touch it! Immediately tell an adult. If you're at home, express your concerns to your parents. If you're in school, tell a teacher or the principal. If you are over at a friend's house, leave immediately. Talk to your friend over the phone about your concerns, and talk to an adult that you trust.

Q: What if you see something that looks like a gun, and you don't know for sure?

A: Don't touch it! It is better to be safe than sorry. Immediately tell an adult you trust.

Q: What if you see a bullet, a gun case, or a piece of a gun?

A: Guns and parts of guns can still hurt you. Don't touch it! It could be a part that belongs to a gun that was used in a crime. If you touch it, you could be charged with a crime. The best thing to do is to inform an adult.

Q: What should you do if you are with a friend and he/she pulls out a gun or asks you to hold his/her gun?

A: First, say "NO," and make an excuse to leave and get away from the situation. Talk to your friend about your concerns. If this happens in school, tell a teacher or adult that you trust or leave an anonymous note. Bullets don't discriminate. If your friend happens to use that gun and hurts him/herself or someone else, you will also be responsible.

Q: What if you are around your home and you hear gunshots in the neighborhood? What should you do?

A: If you are outside, you should immediately go inside your house or apartment. Lock the doors, stay away from the windows, and lie flat on the floor (depends on how near the shooting is to your house). Stay inside until the firing has stopped. Call 911 immediately.

Q: What if you see someone shoot at someone else?

A: Get to a safe place immediately and talk to an adult you trust. Call 911. Give them your name only if you want to, or call anonymously. You can give them all the necessary information without identifying yourself. Chances are, you were not the only one who witnessed the shooting. If you were, you should still report it to an adult and the police.

Q: What should you do if you or someone you know is shot?

A: First, try to remain calm. Get yourself and the victim to a place where you feel safe. Try to limit the amount of moving around as much as possible. Apply pressure over the entrance of the wound to stop the bleeding. Call 911. Make sure that you give accurate information regarding the address, etc. Remember, you need to stop the bleeding as much as possible.

GUIDELINES FOR CHALLENGING GANG VIOLENCE IN YOUR COMMUNITY AND SCHOOL

1. CHALLENGE GANG VIOLENCE. Ignoring it will not make it go away and silence sends the message that you are in agreement with such behaviors and attitudes. Do not let a gang incident pass without saying something or telling someone. You may not always speak at the time and place of the incident if to do so would jeopardize your own or others' safety, but it must be brought up as soon as possible. Tell someone that you trust, such as an adult, teacher, parent, counselor, or friend. Your goal is to stop and/or prevent the violence from happening again.

2. EXPECT TENSION AND CONFLICT, AND LEARN TO MANAGE IT. In certain situations, conflict and tension may be unavoidable. Remember that tension and conflict can be positive forces that foster growth and growth. It takes a courageous person to overcome their fears, and do the right thing when others would prefer you didn't.

3. BE AWARE OF YOUR OWN ATTITUDES, STEREOTYPES, AND EXPECTATIONS OF GANGS. We have all been told stories about gangs, what they are, what they do, and that we should fear them. None of us remain untouched by the media messages.

4. PROVIDE ACCURATE INFORMATION ABOUT GANGS. Always challenge the myths about gang membership. Take responsibility for educating yourself about gangs, and about the gangs in your school, neighborhood, and surrounding community.

5. DISTINGUISH THE DIFFERENCE BETWEEN A GROUP AND A GANG. A group is three or more individuals that gather together for a common purpose. A gang is any group of people that gather for the primary purpose of participating in criminal or violent behaviors.

6. BE AWARE OF YOUR OWN HESITANCIES TO GET INVOLVED IN INTERRUPTING A GANG/VIOLENT SITUATIONS. Confront your own fears, be honest with yourself about your feelings, set your priorities, and take action. Develop response-ability. Always remember that gangs/violence affects us all and it is everybody's business.

7. ALWAYS PROJECT A FEELING OF UNDERSTANDING, LOVE, AND FORGIVENESS when an incident occurs. Without preaching, state how you feel and firmly address the hurtful behaviors or attitudes while supporting the dignity of the individuals involved.

8. BE NON-JUDGEMENTAL BUT ALWAYS KNOW YOUR BOTTOM LINE. Issues of human dignity, justice, and safety are non-negotiable. Gangs are a danger to the survival of any community where they exist. No community can change unless it survives, and it cannot survive unless we change.

9. ALWAYS TRY TO BE A ROLE MODEL. Always practice non-violence, and reflect anti-racist, multicultural values in all aspects of your behavior, especially in your relationship with youths.

10. WORK COLLECTIVELY WITH OTHERS, ORGANIZE, AND SUPPORT EFFORTS that challenge violence in all its forms. Gang violence won't be reduced in a day or by one individual or program. Peace and justice is a long term struggle and it's easy to get discouraged. Violence can only be prevented when we all work together - youths, adults, and communities.

Adapted by Ulric Johnson from "Guidelines for Challenging Racism and Other Forms of Oppression", by Patti DeRosa, Cross-Cultural Consultation, 28 S. Main Street #177, Randolph, MA 02368; v5.12.94.

Appendix 4

RESOURCES

Adolescent Wellness Program
(formerly Gang/Drug Prevention Program)
Department of Health and Hospitals
1010 Massachusetts Avenue
Boston, MA 02118
(617) 534-5196

Boston Conflict Resolution Program
Boston Area ESR
11 Garden Street
Cambridge, MA 12138
(617) 492-8820

Center to Prevent Handgun Violence
1225 Eye Street NW, Suite 1100
Washington, D.C. 20005
(202) 289-7319

The Community Youth Gang Service Project
144 South Fetterly Avenue
Los Angeles, CA 90022
(213) 266-4264

Cross Cultural Consultation
28 South Main Street, #177
Randolph, MA 02368
(617) 986-6150

Dating Violence Intervention Project
Transition House
P.O. Box 530
Harvard Square Station
Cambridge, MA 02138
(617) 868-8328

Dorchester Youth Collaborative
1514A Dorchester Avenue
Dorchester, MA 02122
(617) 288-1748

EMERGE (for men who abuse women)
2380 Massachusetts Avenue
Cambridge, MA 02140
(617) 422-1550

Gang Peace
318 Blue Hill Avenue
Dorchester, MA 02121
(617) 442-1919

House of Umoja (a home for dependent boys)
1410 North Frazier Street
Philadelphia, PA 19131
(215) 473-5893

National Association for Mediation in Education
(NAME)
425 Amity Street
Amherst, MA 01002
(413) 545-2462

Say Yes, Inc.
1968 West Adams Blvd.
Los Angeles, CA 90018
(213) 766-9660

Teens Against Gang Violence
2 Moody Street
Boston, MA 02124
(617) 282-9659

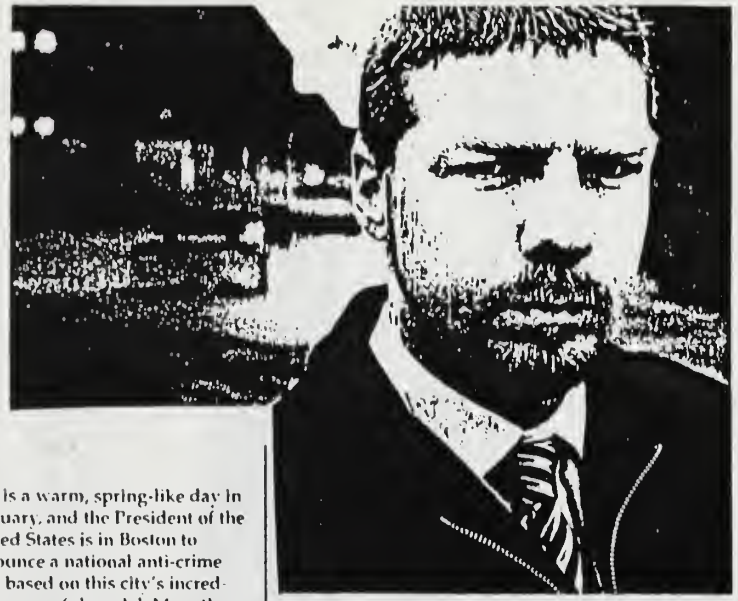
United Community Center
Centro de la Comunidad Unida
1028 South 9th Street
Milwaukee, WI 53204
(414) 384-3100

Victim Services Program: Black on Black Murder
Community Mental Health Council, Inc.
8704 South Constance Avenue
Chicago, IL 60617
(312) 734-4033

Youth Counseling Crime/Drug Prevention Program
Vietnamese Community of Orange County, Inc.
1618 West First Street
Santa Ana, CA 92703
(714) 558-6009

Youth Violence Prevention Program
Contra Costa County Health Department
75 Santa Barbara Road
Pleasant Hill, CA 94523
(510) 646-6511

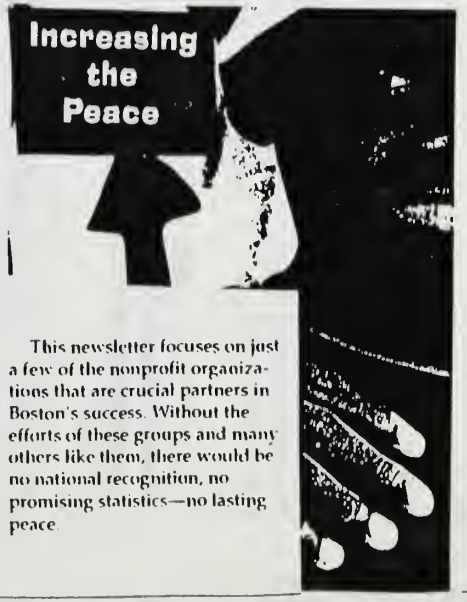
Source: Ulric Johnson, Teens Against Gang Violence, Dorchester MA.



Report tBf Winter/Spring 1997

The Boston Foundation
CATALYST FOR COMMUNITY

Increasing the Peace



It is a warm, spring-like day in February, and the President of the United States is in Boston to announce a national anti-crime plan based on this city's incredibly successful model. More than a year and a half has passed since Boston has lost a youth to violence on its streets, and Clinton is here to praise and to learn.

Although he emphasizes law enforcement in his speech delivered at the Boston campus of the University of Massachusetts, the President hears from all quarters—especially from law enforcement officials—that all the police work in the world could not have achieved this success alone. That partnership is the key—partnership between city government, law enforcement, youth workers, clergy, parents, nonprofit organizations and many courageous and determined individuals. Every day, thousands of unsung heroes are reaching out to children to let them know that they count, that they are not alone, that they are loved, and that there are real alternatives to lives of violence, drug abuse and self destruction.

The day after Clinton's visit, the wintry weather returns to Boston, and the work goes on—behind tiny storefronts and in funky old buildings, in makeshift churches and crowded gyms—all places where heart and soul are far more plentiful than supplies or space.

This newsletter focuses on just a few of the nonprofit organizations that are crucial partners in Boston's success. Without the efforts of these groups and many others like them, there would be no national recognition, no promising statistics—no lasting peace.

Michael MacDonald grew up in a housing development in South Boston, where youth often are lured into crime and drugs. Two of his brothers were murdered in crime related incidents; another brother committed suicide; and a sister was partially paralyzed in a drug-related incident. "When I confronted the pain of those experiences," he says, "I gained the personal power I needed to join the fight against guns and drugs."

Citizens for Safety

Getting weapons out of the hands of young people is one of the major efforts of Citizens for Safety, which through its gun buyback program, called Hands Without Guns, has taken close to 3,000 guns off the streets of Boston. "This has been a great collaboration," says Harlan Jones, Executive Director of Citizens for Safety, "between the Police Department, community groups and *The Boston Globe*, which has supported us with resources and with strong editorials. In fact, it was one of the first partnerships between the Police and the community in Boston's new era of community policing."

Michael MacDonald, who heads the Hands Without Guns program came to his work from a wrenching personal experience. In July of 1990, his 13-year-old brother was playing with his best friend in their apartment in a housing development in South Boston. His friend found a 357 magnum gun left by an older brother (a Lieutenant in the Navy Seals) and the friend accidentally shot himself in the head. His wound was fatal, and MacDonald's little brother was falsely accused of first degree murder and convicted of manslaughter. Eventually, the conviction was overturned and his brother exonerated, but the experience turned MacDonald into a dedicated anti gun and police reform activist.

> ***"This has been a great collaboration... between the Police Department, community groups and 'The Boston Globe'... it was one of the first partnerships in Boston's new era of community policing."***

"Recently, a 12-year-old kid turned in a 357 magnum gun to a priest in Dorchester," says MacDonald. "It was the same kind of gun that killed my brother's friend. I know that kid's family won't have to go through what our families went through."

While his work has taken him to all of Boston's neighborhoods, MacDonald still lives in South Boston, and he strikes a sober note about the rising drug use there. "In just the last few weeks in Southie, four people have died of heroin overdoses, and there have been 16 other overdoses," he explains. "Heroin is on the rise all across Boston, and especially in Southie. Where you have drugs, you have guns and violence, so we need to get on top of this."

HARDCORE

Comprise approximately 5-10% of the gang. They have been in the gang the longest and frequently are in and out of jail, unemployed and involved with drugs (distribution or usage). Average age, early to mid-twenties; however, some hardcores could be older or younger. Very influential in the gang.

REGULAR MEMBER

Average age 14-17 years old; however, could be older or younger. They have already been initiated into gang. Tend to back up the "hardcore" gang members. If they stay in the gang long enough, they could become hardcore.

ASSOCIATE, CLAIMER OR "WANNA-BE"

Average age 11-13 years old; however, age may vary. These are the youngsters who are not officially members of the gang but act like they are or claim to be from the gang. May begin to dress in gang attire, hang around with the gang or write the graffiti of the gang.

POTENTIAL OR "COULD-BE"

Youngsters who are getting close to an age where they might decide to join a gang, live in or close to an area where there are gangs, or have a family member who is involved with gangs. The potentials do not have to join gangs, they can choose alternatives and avoid gang affiliation completely. Generally, the further into a gang that someone is, the harder it is to get back out.

The following criteria are used by many police and other law enforcement agencies to identify gang members. These criteria are useful for parents and schools, too. Be aware of the following danger signs that indicate gang membership.

Be concerned if your youngster is:

- Wearing gang tattoos.
- Wearing gang paraphernalia that could include color of clothing, type of clothing, head covering, or method of grooming.
- Displaying gang markings and slogans on personal property or clothing.
- Possessing literature that indicates gang membership.
- Admitting to gang membership.
- Being arrested with known gang members.
- Attending functions sponsored by gangs or known gang members.
- Exhibiting behavior fitting police profiles of gang-related drug dealing.
- Being stopped by police with known gang members.
- Loitering and riding around with gang members.
- Selling or distributing drugs for a known gang member.
- Helping a known gang member commit a crime.

If your youngster exhibits any one of the above characteristics, he could probably be categorized as a "wannabe" gang member. Two of these characteristics can result in a youth's being labeled an associate gang member. Displaying five or more of these attributes is just cause for police to label someone a hardcore gang member.

Be concerned if you are:

- Receiving information from a reliable informant about the youth's association with gang members.
- Getting statements from others identifying the youth as a gang member.
- Receiving information from law enforcement agencies that the youth is a gang member.

Parents, beware if your youngster is:

- Buying or wanting to buy excessive amounts of anything exclusively blue, red, black, or brown.
- Wearing slacks or pants sagging down off the hips.
- Wearing a lot of gold and silver jewelry (how and where did the child get it?).
- Willing to get, have, and wear only certain types and colors of shoes or shoelaces. Parents should be suspicious if their children come home wearing new types of clothing and all the clothing is the same style and color.

Source: Kansas Bureau of Investigation.

Also be concerned if the kids wear the same clothes every day.

- Using excessive slang in conversations.
- Withdrawing from family members and family activities.
- Skipping class. Truancy is one of the first signs of gang involvement. A child starts skipping class to hang out with peers. This is an open invitation for gang recruitment. Other indications of gang involvement include failing grades, excessive fighting, carrying weapons to school, and getting home late.
- Associating with "undesirables," especially those wearing the same colors every day.
- Unwilling to tell you where and with whom he or she is going.
- Unwilling to arrange for you to meet their "friends" or to give any information about them.
- Staying out later than usual and breaking curfew frequently.
- Demanding too much privacy.
- Developing a major attitude problem with teachers and others in authority.
- Starting to use drugs, alcohol, tobacco, and has drug-related items in his/her possession (rolling papers, glass pipe, etc.).
- Using hand signs to greet friends.
- Receiving or having money and other items without your knowledge or permission. Parents should be suspicious if a child comes home with unexplained amounts of money.
- Carrying or talking about weapons, guns, beepers, and portable phones.
- Wanting tattoos.
- Writing gang graffiti on clothes, books, or other things.
- Saying that he or she has been initiated or "blessed" into a gang or wants to be blessed into a gang.

If you notice that your youngster is exhibiting such behavior, especially more than one or two of these examples, you should pay more attention to his or her friends and discover what is going on, and then take whatever corrective action is necessary.

Excerpted from the October 25, 1996, Special Report by the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime

VICTIMS OF GANG VIOLENCE--A NEW FRONTIER IN VICTIM SERVICES

EXECUTIVE SUMMARY

Over the past decade the proliferation of gang violence in the United States has received considerable attention from criminal justice professionals concerned about the rising tide of gang violence. This violence affects medical professionals who respond to the flood of critical injuries associated with gang-related violence and entire communities whose residents are deeply concerned. While much discussion and effort have focused on the prevention, intervention, and suppression of gang violence, too little attention has been paid to those who are most affected by its tragic impact: *the victims of gang violence*.

Often lost within the system and sometimes blamed for gang-related crimes for which they hold no responsibility, victims of gang violence frequently receive limited support and experience significant barriers to justice and healing. Their social, cultural, and systemic alienation produces fear, anger, frustration, and confusion when they are brutally injured by, caught in the crossfire of, or lose a loved one to gang violence.

Recognizing that the needs and concerns of this underserved victim population merit special attention, the Office for Victims of Crime (OVC) convened two Planning Group meetings on May 17 and August 14, 1996. The participants included several victims and survivors of gang violence, as well as victim advocates who work closely with prosecutor and law enforcement programs, and representatives from the judiciary, corrections departments, and relevant federal agencies--all of whom provide assistance to victims of gang violence.

The goals of these meetings were to:

- Examine the unique characteristics of victims of gang-related violence;
- Identify the "promising practices" in assisting these victims;
- Consider establishing a national network of gang violence victims and service providers, similar to the highly successful programs initiated by Mothers Against Drunk Driving (MADD) and Parents of Murdered Children and Other Survivors of Homicide Victims (POMC);

- Generate ideas regarding how the federal government can provide leadership and support for efforts to assist victims of gang violence: and

- Formulate an action plan for accomplishing the recommendations of the Planning Group.

Unique Characteristics of Victims, Survivors, and Witnesses of Gang-related Violence.

Planning Group participants indicated a number of unique aspects of gang violence victimization:

- Gang violence victims often live with or among the perpetrators of their crimes, similar to victims of domestic violence. Thus, they experience a complex reaction to their victimization.

- Victims and witnesses fear the entire gang, as opposed to a sole perpetrator.

- Victims and witnesses are frequently intimidated into not cooperating with the criminal justice system.

- Although some victims are gang members who "contribute" to violence, many victims and survivors who do not confront a lack of sympathy and services from the criminal justice system because of inferences that they have contributed to the crime in some way, such as their "choice" to live in a gang-ridden neighborhood.

- Most communities do not provide any funding, such as relocation assistance, to help ensure the safety of gang violence victims and do not have effective victim assistance programs for them.

Current "Promising Practices" in Victim Assistance

Working on the front lines of victim and witness assistance in areas confronted with gang-related violence, the Planning Group participants provided some compelling examples of what appears to be working--programs that could be replicated in other communities:

Comprehensive Victim Assistance Program for Victims of Gang Violence

One "promising practice" is **The Gang Victim Services Program in Orange County, California**. It offers a full range of services and multilingual, multicultural support to victims and survivors of gang violence. Five victim advocates work closely with the District Attorney's gang investigators and vertical prosecution team, as well as with municipal law enforcement agencies, to ensure that comprehensive services are provided. The program provides:

- Emergency crisis response;
- Death notification;
- Accompaniment of survivors to emergency rooms;
- Orientation to coroner procedures and policies;
- Autopsy information;
- Assistance with burials and funerals;
- Crime scene clean-up;
- Intervention with employers and the media;
- Advocacy and accompaniment throughout the criminal justice process;
- Referrals for counseling services;
- Assistance in obtaining victim compensation;
- Orientation to post trial services, such as how to obtain notification of the offender's status and parole hearings; and
- Training for service providers, such as emergency medical and hospital personnel, regarding effective and sensitive responses to gang victims.

Hospital-Based Intervention and Prevention Program

Another "promising practice" is **Teens on Target**, a hospital-based gang violence reduction program in Los Angeles and Oakland, California. It provides immediate and long-term assistance to teenage victims, intervention with gang members who accompany victims to emergency rooms, and gang prevention strategies for schools. The program uses trained peer counselors, many of whom are in wheelchairs because they, too, were victims of gang violence. These counselors give bedside support to injured teens and act as positive role models, providing alternatives to violence.

During each hospital visit, the peer counselor provides a one-on-one review of the violent crime that led to the hospitalization and explores alternative strategies for dealing with violent incidents; shares coping skills and support systems; helps to develop a plan for staying safe; and sets up ongoing peer support to help the victim not rejoin the gang culture. If gang members accompany a victim to the emergency room, peer counselors encourage them not to pursue violent responses. This program received the 1996 Crime Victim Service Award, the highest federal honor for victim advocacy.

School-based Violence Prevention and Victim Assistance Program

Victims Services, Inc., offers school-based programs in New York City to educate students, faculty, and family members how to cope with and avoid crime, including gang violence, that pervades their daily lives. These programs operate in coordinated fashion within a number of schools, with the particular needs of each community in mind. They include:

- A 20-lesson anti-violence curriculum offered in ten schools. The curriculum addresses gang violence, as well as bias-related incidents, domestic violence, and child abuse.

- Safe Harbors, a safe room in the school where students, faculty, and families can find counseling and support groups, including ones addressing gang violence.

- Project SMART, a peer mediation/conflict resolution program that teaches students, faculty, and parents alternatives to violence. It has been effectively used in resolving disputes between rival gangs.

- Training in crisis intervention and victim assistance for parents, including how to support kids who witness or experience violence.

Community Anti-violence Programs Sponsored by Victims of Gang Violence

Many effective victim assistance programs have been organized around the country by victims of gang violence. For example, **Save Our Sons and Daughters (SOSAD)** is a nonprofit grassroots organization founded in 1987 by Clementine Barfield, whose 16-year-old son, Derrick, was killed in the summer of 1986. She joined other parents of slain children to channel their grief and anger into activism--working together to create positive alternatives to violence throughout the community. SOSAD provides counseling and training in violence prevention, crisis intervention, multicultural conflict resolution, gang redirection, and peer and bereavement support.

Another group led by mothers who have lost children to gang violence is **Mothers of All Children**, located in Brooklyn, New York, which was founded by Frances Davis. During the past eight years, Frances lost each of her three sons to gunfire. Ms. Davis turned her pain into service and in 1993 created her own nonprofit, all-volunteer organization, Mothers of All Children. Ms. Davis recruits, trains, and inspires her volunteers, who then provide other survivors of homicide victims with bereavement counseling or help organize community violence prevention activities for youth, such as the basketball tournament, "Shoot Hoops, Not Guns." Frances Davis deals with her grief and her loss by continuing to participate in victim impact panels before young people at high schools and detention centers throughout the northeast.

The Tariq Khamisa Foundation, located in San Diego, California, was founded by investment banker Azim Khamisa after the murder of his 20-year-old son, Tariq. Tariq was delivering pizzas when four teenaged gang members surrounded him and demanded the pizza. When he refused, an 18-year-old gang leader ordered a 14-year-old to kill Tariq with a handgun. Tariq's father joined with the grandfather of the 14-year-old killer to form the Foundation, which is dedicated to preventing similar crimes through educational programs in schools. The Foundation is producing a documentary to assist kids in learning about gang violence and its impact. The documentary will feature an interview with Tariq's killer, who was sentenced to 30 years in custody and who encourages students to seek alternatives to gangs.

Public-Private Partnership to Reduce Gang Violence

Effective prevention and assistance programs can be implemented through public/private sector partnerships. For example, the **Wichita/Sedgewick County Neighborhood Initiative** in Kansas is a public-private effort to reduce gang violence by coordinating the efforts of grassroots community organizations; public agencies, including law

enforcement, city government, and the schools; and interested for-profit and nonprofit private sector businesses, labor groups, and civic organizations. The Initiative's primary function is to obtain needed resources to deal with gang violence by bringing *all* parties to the table regularly, including community police administrators, city and county management representatives, the mayor, legislators, grassroots anti-gang groups, and gang members themselves. When a two-year-old child was murdered in a drive-by shooting, the Initiative responded to community requests for assistance by trying to arrange a truce among the rival gangs. The Initiative's project director is on loan to the group from the Boeing Company for three years, and several private-sector organizations provide storefront space and volunteers.

Planning Group Recommendations

The Planning Group recommends implementation of the following ten proposals to improve services to victims of gang violence:

1. A national network of professionals and volunteers concerned with victims and witnesses of gang violence should be established to provide vision, support, and direction to federal, state, tribal, and local initiatives.

2. Comprehensive vertical assistance units for victims of gang violence should be established in all jurisdictions where gang activity is pervasive. These units could offer the types of multi-lingual services provided by the Gang Victim Services Program in Orange County, California, which include emergency crisis response services, accompaniment throughout the criminal justice system, and training for service providers.

3. Hospital-based counseling and prevention programs should be established in medical facilities that often provide services to gang violence victims. These programs could include the types of services provided by Teens on Target in California. In addition, a protocol that includes appropriate security and safety procedures should be developed to assist hospital personnel in responding to incidents of gang violence.

4. School-based counseling and prevention programs addressing gang violence should be established where gangs are prevalent. These programs could be modeled after the integrated mediation and violence prevention programs of Victim Services, Inc., in New York City, which include an anti-violence curriculum, support groups, and conflict resolution/peer mediation modules that

are used in cases involving gang violence. Gang-impacted school districts should consider providing crisis counseling services for youth witnesses to violent crimes.

5. Host sites should be established with support from the Office for Victims of Crime to provide interested parties from other communities with training regarding promising practices, such as comprehensive victim assistance programs based in prosecutors' offices, hospitals, and schools.

6. Training curricula that include cross-disciplinary information should be developed and offered to professionals who deal with victims and witnesses of gang violence. Training should be provided for first responders on how to deal with survivors at the crime scene; funeral directors on how to deal with gangs before, during, and after funeral services; all criminal justice personnel, including police, prosecutors, and judges; mental health professionals; compensation providers; and teachers.

7. A protocol should be developed and implemented for debriefing all crisis responders to victims of gang violence, including emergency medical technicians and law enforcement personnel, who face serious threats to their physical and emotional well-being when not provided with ongoing opportunities for debriefing following critical incidents.

8. Policies, protocols, and programs should be established to promote safety for victims and witnesses of gang violence and those who assist them at the federal, state, tribal, and local levels. These could include both emergency and short-term relocation programs, security measures in courthouses and at correctional facilities, and secure transportation. Prosecutors should be encouraged to use every legal measure possible to ensure the safety of such witnesses before, during, and after case disposition.

9. The U.S. Department of Justice should review its existing resources relevant to victims of gang violence and provide more discretionary funding to encourage the proliferation of "promising practices" that reduce gang violence and assist victims. All federally funded gang intervention/suppression programs and planning groups should include needed services for victims of gang violence.

10. The Office for Victims of Crime should support a working group on victims and witnesses of gang violence to provide assistance in the development of training curricula, selection of host sites, and implementation of the recommendations contained in this report.

Action Plan for the Future

Planning Group participants were divided into five working groups, with each group developing a preliminary action plan that includes goals and related products to be accomplished in one year. The action plan can be summarized as follows:

The National Network Working Group will develop a structure for a national network to provide training, technical assistance, and nationwide support for victims and witnesses of gang violence and those who serve them, including the creation of a name for the network, development of a mission statement, strategic planning, membership recruitment, and public awareness and community outreach activities.

The Training and Technical Assistance Working Group will develop training curricula and ongoing technical assistance based upon promising practices identified by the Planning Group and augmented by a national assessment of existing programs that assist victims and witnesses of gang violence. Training and technical assistance will be profession-specific for key stakeholders, including all criminal and juvenile justice officials, victim assistance and victim compensation personnel, medical professionals, funeral directors, educators, and other relevant professionals.

The Medical and EMT Working Group will provide training and assistance in the development of protocols for medical professionals--including hospitals, emergency rooms, trauma centers, and emergency medical technicians. Protocols will address how to best meet the needs of victims of gang violence, coordinate medical evidence with the justice system and inform victims about their rights within the system, and provide victims with immediate and long-term support and appropriate referrals for ongoing assistance.

The Promising Practices Working Group will identify existing promising practices that assist victims and witnesses of gang violence and promote their replication through ongoing training, technical assistance, and use of host sites. The working group will seek to replicate services with strong community policing philosophies and practices which rely on community partnerships across disciplinary lines.

The Protection and Safety Working Group will provide training and technical assistance on strategies which can be utilized by the criminal justice system and allied professionals to protect victims and witnesses from gang intimidation and retaliation. The working group will develop recommendations for new policies and pursue opportunities to publicize and enhance existing policies that protect victims and witnesses and promote successful prosecution of offenders by the criminal justice system.

Comprehensive Victim Assistance Program for Victims of Gang Violence

Gang Victim Services Program

Contact:
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Community Service Programs (CSP)
Crisis Response Unit, Gang Homicide
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Hospital-Based Intervention and Prevention Program

Teens on Target

Contact:
Sherman Spears
Teens on Target
c/o Youth ALIVE
Summit Medical Center
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510/444-6191

Public-Private Partnerships to Reduce Gang Violence

Wichita Neighborhood Initiative

Contact:
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3995 East Harry, D-12
Wichita, Kansas 67218
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School-Based Violence Prevention and Victim Services Programs

Victim Services, Inc.

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Community-Based Programs Sponsored by Victims of Gang Violence

Save Our Sons and Daughters (SOSAD)

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Mothers of All Children

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Tariq Khamisa Foundation

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Workshop E
Working with Victims with Disabilities

Working with Victims with Disabilities

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U.S. Department of Justice
Office of Justice Programs
National Institute of Justice

National Institute of Justice

Research in Action

Michael J. Russell, Acting Director

September 1993

The Americans with Disabilities Act and Criminal Justice: An Overview

by Paula N. Rubin

When the Americans With Disabilities Act (ADA) was enacted on July 26, 1990, a new era began in the quest to integrate persons with disabilities into the mainstream of society. The ADA is perhaps the most sweeping civil rights legislation passed since the enactment of the Civil Rights Act of 1964 nearly 30 years before.

This law is predicated on the belief that persons with disabilities have traditionally been isolated and segregated and that this discrimination took many forms, including architectural, transportation, and communication barriers; overprotective rules; exclusionary standards; lesser services, programs, activities, benefits, jobs, or other opportunities; and outright exclusion from certain places and privileges.[1]

One purpose of the ADA is simple: "to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities."[2] The goal is to provide the estimated 43 million persons with disabilities[3] access to employment, to governmental programs, services and activities, and to public accommodations such as restaurants, hotels, theaters, and shopping centers. To achieve this goal, the ADA contains five sections designed to eliminate barriers in employment, public services, transportation, public accommodations, and telecommunication.

The ADA was intended to pick up where the Rehabilitation Act of 1973 left off by expanding coverage to include employers neither receiving Federal funds nor working pursuant to a Federal contract. The ADA also covers access to government facilities and the delivery of services and programs by government agencies.

While the ADA has significant implications for the criminal justice system, law enforcement is mentioned only once in the legislative history of the ADA, and even that is only in reference to persons with a history of illegal drug use.[4] Yet experts believe the impact on criminal justice is major:

> *The ADA may very well be the most significant piece of legislation affecting law enforcement since the Civil Rights Act. It will cause police agencies throughout the United States, as well as other employers, to adjust and, in some cases, completely overhaul their recruitment and selection procedures. Furthermore, if departments do not immediately develop changes in their personnel policies by the time the Act becomes applicable, they will expose themselves to substantial liability.*[5]

Attempts to create an exemption for law enforcement were unsuccessful. Thus, the way the criminal justice community selects and treats its employees and delivers services to the public must be brought into compliance with the ADA. This includes limitations on blanket exclusions and requires a selection process that deals with individuals on a case-by-case basis.

The requirements of the ADA present unique challenges for the criminal justice system. Director, Office of National Drug Control Policy, Lee Brown, in his role as former president of the International Association of Chiefs of Police, pointed this out in a letter to the Equal Employment Opportunity Commission (EEOC). "[W]e do . . . think that the extremely 'physical' nature of law enforcement work, coupled with the 'security/integrity' needs inherent to the job, impart a special perspective to our analysis of the Act."[6]

The need to have a working understanding of the law itself is critical to beginning to develop strategies for the recruitment, screening, selection, and treatment of police and corrections officers as well as for the delivery of services by criminal justice agencies. This Research in Action report provides a framework to begin to assess ADA's impact on the criminal justice system. Future issues will focus on the delivery by criminal justice agencies of their services to the public as well as on their hiring, promotion, and firing practices.

Understanding the basics

A person has a disability under the law if she or he has a mental or physical impairment that substantially limits a major life activity, such as walking, talking, breathing, sitting, standing, or learning. A person will also be considered to have a disability for purposes of this law if he or she has a

The National Institute of Justice launched an initiative on the Americans With Disabilities Act (ADA) to examine the implications of the Act for criminal justice agencies at the State and local levels. The ADA affects hiring and employment policies and practices as well as delivery of services. It poses unique challenges for criminal justice agencies, especially where the traditional physical requirements of law enforcement and corrections duties are involved.

The NIJ initiative has two goals: to provide information on the requirements of the ADA and to offer technical assistance and training to criminal justice professionals in dealing with this law.

This Research in Action report is the first in a series designed to explain how the ADA will affect the criminal justice system. It presents an overview of the law and a brief legal analysis of its provisions. Future titles in the series will examine such topics as hiring practices, delivery of inmate services, emergency response systems and telecommunications devices for the deaf (TDD's), and writing job descriptions for positions in the corrections profession.

Through its new initiative, the Institute is responding to the need for understanding of the Act in the criminal justice field, and the new opportunities it offers persons with disabilities for access to the mainstream of society.

Michael J. Russell
Acting Director
National Institute of Justice

record of such an impairment or is perceived or regarded as having an impairment. Those associated with the disabled person are also entitled to certain protections. Family members who need special consideration in caring for someone with a disability may be entitled to some protections under the law. However, the ADA does not require employers to provide reasonable accommodation in these cases.

Equal employment opportunities. Title I of the ADA addresses employment aspects of the law. The law makes it illegal to discriminate against persons with disabilities. These individuals are entitled to equal access to employment, including recruitment, hiring, promotion, and any other benefits and privileges of employment. To be "protected" (that is, covered by Title I of the ADA), the individual must have a disability and be qualified for the job.

To be qualified, the individual must satisfy the job requirements such as education, experience, and skills, and must be able to perform the essential functions of the job, with or without a reasonable accommodation.

Provision of reasonable accommodation. A reasonable accommodation can include modifying existing facilities to make them accessible, job restructuring, part-time or modified work schedules, acquiring or modifying equipment, and changing policies. However, reasonable accommodations will not be required when providing them causes an undue hardship for the agency.

Undue hardship means significant expense or difficulty. More than just money may be involved; it can also mean disruption or fundamental alteration of the nature or operation of the business or agency. Direct threat of serious harm is defined by the law as "a significant risk of substantial harm to the health and safety of others that cannot be eliminated by reasonable accommodation." Direct threat is not a defense to an employer's obligation to provide a reasonable accommodation. A reasonable accommodation is required if it will eliminate the direct threat.

If a police officer were recovering from a communicable disease but was fit for duty apart from the fact he or she would remain contagious for 2 weeks, a reasonable accommodation would be to award him or her 2 weeks of leave. After that, there would be no significant risk in returning to duty.[7] Speculative or remote threats will not satisfy this requirement. Such a determination must be predicated on objective evidence.

Accessibility to facilities and in delivery of government services. In addition, Title II of the ADA requires government entities to achieve accessibility to their facilities as well as in the delivery of services and programs. Accessibility encompasses new construction and the alteration of existing facilities. It can mean anything from adding curb ramps to creating parking spaces reserved for persons with disabilities.

Defining disability

A person with a disability is someone who:

- Has a physical or mental impairment that substantially limits one or more major life activities.
- Has a record of such an impairment.
- Is regarded as having an impairment.[8]

There are several key phrases in this definition: "impairment," "substantially limits," "major life activity," "record," and "regarded as." Understanding these concepts is essential to making an evaluation of whether someone is disabled for purposes of the ADA.

"Impairment." A threshold criterion that must be met under this definition is that there be an impairment—"some sort of physiological disorder or mental disorder."[9] This definition applies regardless of whether an individual can compensate for the impairment by use of an auxiliary aid or medication. For instance, someone who uses a hearing aid nevertheless has a disability under the ADA even if the device restores the person's hearing to normal levels. Likewise, an insulin-dependent diabetic whose diabetes is fully controlled by the insulin has a disability under the law.

On the other hand, physical characteristics such as hair or eye color or left-handedness do not constitute impairments. Certain personality characteristics such as poor judgment, a bad temper, or lack of dependability are not considered disabilities.

Not all cases are clear cut:

> *A person who cannot read due to dyslexia is an individual with a disability because dyslexia, which is a learning disability, is an impairment. But a person who cannot read because he or she dropped out of school is not an individual with a disability, because lack of education is not a disability.*[10]

"Substantially limits." Having a disability, in and of itself, is not enough; it must be a disability that substantially limits a major life activity. These types of activities

include: walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself, and working." Also considered major life activities are the ability to have intimate sexual relations and procreation. For this reason, those with AIDS or HIV infection will fall within the definition.

There are three criteria to consider when determining whether a major life activity is substantially limited by any given condition:

- Its nature and severity.
- How long it will last or is expected to last.
- Its permanent or long-term impact, or expected impact.[12]

A good rule of thumb is to look at the effect of the condition and not its name.[13] So, for example, "an individual with mild cerebral palsy that only slightly interferes with his or her ability to speak and has no significant impact on other major life activities is not an individual with a disability under this part of the definition."[14]

"Record of impairment." Even if an individual does not currently have a physiological or mental disorder, she or he may still be considered disabled under the three-part definition, inasmuch as those who have a record of an impairment are also protected from discrimination. The law also covers persons who have been erroneously classified as having an impairment. Remember, however, that the impairment must have substantially limited a major life activity. Having a record of an impairment, alone, will not satisfy the definition.

"Regarded as having an impairment." A more subtle aspect of the definition of disability is that part that protects those who are perceived to have a disability. How does this occur? Here are some examples:[15]

(1) A person has high blood pressure controlled by medication. Nevertheless, his employer places him on permanent light duty for fear of a possibility of a future heart attack. In this case, the person has a disability that does not substantially limit a major life activity, but his employer treats him as though it does.

(2) Refusal to hire someone who has severe scars from burns. Here there is no disability nor a limitation of a major life activity. Instead, the fears, stereotypes, and attitudes of others toward these scars are disabling.

(3) Firing someone rumored to have HIV infection, who in fact does not, may violate the law. Even though the individual does not have a disability, she or he is regarded as having a substantially limiting impairment.

There are very subtle differences between these examples. Indeed, they have been described as "all different sides of the same coin."[16] The bottom line is that the ADA prohibits discriminating against people who are being treated as if they have a disability.[17]

Defining ADA exclusions

What conditions are not covered by the ADA? The law explicitly states that certain conditions, including homosexuality, transvestism, bisexuality, transsexualism, voyeurism, exhibitionism, pedophilia, sexual behavior disorders, compulsive gambling, kleptomania, pyromania, and gender-identity disorders are not caused by a physical impairment. Therefore, they are not disabilities.

Persons with temporary conditions are also not usually found to have a disability under the definition. The question is whether the impairment substantially limits one or more major life activities. An example offered by the Equal Employment Opportunities Commission (EEOC) is that of a broken leg. If it heals normally within a few months, there would be no disability. But if the leg heals improperly, causing a permanent limp, or if the leg takes an abnormally long time to heal, during which time the person cannot walk, she or he might be considered to have a disability.[18] Pregnancy, for purposes of the ADA, is not an impairment. Moreover pregnancy is addressed in the Pregnancy Discrimination Act, which requires employers to treat pregnancy no less favorably than any other temporary disability.

What's in a Name?

In 1973 when the Rehabilitation Act was signed into law, it used the term "handicapped" to describe persons with disabilities. Since that time, individuals with disabilities have indicated their preference for the term "disability."

Many terms used to describe certain disabilities invoke stereotypes and can be dehumanizing. Here are some terms to avoid with suggested substitutes:

Avoid . . .	**Instead say . . .**
Handicapped, invalid, disabled	Person(s) with disabilities
Victim of epilepsy, arthritis	Officer Smith has epilepsy, Lt. Jones has arthritis
Deaf-mute, deaf and dumb	Deaf, hearing impaired, speech impaired
Confined to wheelchair, wheelchair bound	Wheelchair user, users of wheelchairs, mobility impaired
Cripple, crippled	Physically disabled, mobility impaired, Use name of the disability (e.g. polio)
Deformed	Physically disabled
Retarded, slow, stupid	People with mental disabilities
Slow, stupid, illiterate	People with learning disabilities, Officer Day has dyslexia
Spastic, fits	Seizures, Captain Collins has epilepsy

E-5

Also specifically excluded from protection under the ADA are those who currently use illegal drugs. Prior drug addicts, including those who are in the process of, or who have successfully completed, a rehabilitation program, are protected by the law. This protection applies to those with an addiction to drugs or alcohol. It does not apply to the casual or recreational user of drugs or alcohol.

The issue of current drug use or prior drug history has significant implications for criminal justice agencies. Issues as to what constitutes current drug use and whether and under what conditions individuals with a history of drug use may lawfully be denied sworn criminal justice positions will form the basis of a future Research in Action.

Otherwise qualified individuals with disabilities

Having a disability does not automatically entitle someone to protection under the ADA. The ADA is not a guaranteed-jobs law requiring criminal justice agencies to hire persons with disabilities over those who are not disabled. Under the ADA, employers are still entitled to hire the most qualified candidate for the job.

The ADA does not safeguard a person with a disability unless the person is also otherwise qualified for the position. In evaluating whether a person with a disability is qualified for a job, two questions should be answered:

(1) Does this person meet the initial job requirements, such as work experience, education, skills, certificates, or licenses?

(2) If so, can the person perform the essential functions of the job, with or without reasonable accommodation?

Defining initial job requirements. In answering the first question, care must be taken to make sure that the specifications for the position are job-related and consistent with business necessity. For example, law enforcement agencies would most likely be permitted to require applicants and employees to have a driver's license, inasmuch as operating a patrol car is an essential part of police work in most jurisdictions. On the other hand, driving a car may not be an essential part of the job of a corrections officer or administrative or clerical employees, and therefore might not be appropriately included as a requirement for these positions.[5]

Note that the purpose of the law is to integrate persons with disabilities into the work force. It is impermissible to attempt to subvert the intent of the ADA by imposing qualifications and job requirements that are not job-related or only relate to marginal functions of the job.

Persons with disabilities who meet the specified job requirements are not considered qualified unless they can also perform the essential functions of the job with or without a reasonable accommodation. Making this determination also requires answering two questions:

(1) Are the functions truly essential or are they marginal?

(2) Can these essential functions be performed with or without a reasonable accommodation?

Identifying essential job functions. This involves determining whether employees in the position actually are required to perform the function and, if so, whether or not removing the function would fundamentally alter the job.

"Legal Ease"

The ADA uses numerous terms to describe its requirements and the obligations of those covered by the law. Here is a brief index and short explanation of some of the key words and phrases commonly used in the ADA.

Disability	(1) A mental or physical impairment that substantially limits a major life activity; (2) a record of having such an impairment; (3) being regarded as having such an impairment.
Impairment	A physiological or mental disorder.
Substantial limitation	When compared to the average person: (1) an inability to perform a major life activity; (2) a significant restriction on how or how long the activity can be performed; or (3) a significant restriction on the ability to perform a class or broad range of jobs.
Major life activity	Basic functions that the average person in the general population can do with little or no difficulty such as walking, seeing, hearing, breathing, speaking, procreating, learning, sitting, standing, performing manual tasks, working, or having intimate sexual relations.
Otherwise qualified	A person with a disability who satisfies all of the requirements of the job such as education, experience, or skill and who can perform the essential functions of the job with or without reasonable accommodation.
Essential functions	The fundamental, not marginal, duties of a job.
Reasonable accommodation	A change in the application process, work environment, or job descriptions involving marginal functions of the job, or the use of modified or auxiliary devices that enable a person with a disability to perform the essential functions of the job without causing an undue hardship or direct threat to the health and safety of herself or himself or of others.
Undue hardship	Significant difficulty or expense relative to the size and overall financial resources of the employer.
Direct threat	A significant risk of substantial harm based on valid, objective evidence and not mere speculation.

If the employer rarely requires a specific task, then it may not be appropriate to list the task as an essential job function. In that case, the employer would need to demonstrate that, although the function is rarely performed, to eliminate it would be to fundamentally alter the nature of the job. For example, even if 99 percent of police officers rarely make forcible arrests, departments may establish this as an essential function of the job by showing that the consequences would be significant if a police officer were not able to do so.

Answers will vary not only from job to job, but from department to department as well. The size and location of the agency may play a role in this assessment. Here are reasons offered by the EEOC as to why a job function may be essential:

- The position exists to perform the function.
- There are a limited number of other employees available to perform the function, or among whom the function can be distributed.
- A function is highly specialized, and the person in the position is hired for special expertise or abilities to perform it.[20]

What factors may be used in determining essential functions of a particular job?[21]

- The employer's judgment (while the employer may not be second guessed, other factors will also be regarded).
- A written job description prepared before advertising or interviewing for a job (this is not required under the ADA, but it is a good idea to have one that accurately reflects the true nature of the job and is created in advance of the screening and selection process).
- The amount of time spent performing the function (the example of the forcible arrest, used above, might apply to this factor).
- The consequences of not requiring the person to perform this function (the above example of the police officer might apply here).
- The terms of a collective bargaining agreement.
- The work experience of people who have performed the job in the past and work experience of people who currently perform similar jobs. (It is a good idea to talk with employees who have performed the job in the past as well as those who are doing the job now. Do not presume to know what a job involves; ask the people who are doing it.)
- Other relevant factors (this can include the kind of services provided by the employer or the organizational structure of the agency).

The principle is that job requirements should not have the practical effect of imposing a blanket exclusion of a particular disability or class of persons.

Reasonable accommodation, undue hardship, and direct threat

If an otherwise qualified individual with a disability cannot perform the essential functions of the job, the employer may be obligated to provide a reasonable accommodation. However, an "employer has no duty to accommodate an employee with a disability unless the accommodation will enable the employee to perform the essential functions of the position."[22] "Reasonable accommodation is any modification or adjustment to a job, an employment practice, or the work environment that makes it possible for an individual with a disability to enjoy an equal employment opportunity."[23]

Defining reasonable accommodation. An employer's duty to reasonably accommodate individuals with disabilities applies to all aspects of employment. This includes the application and selection process, an employee's ability to perform the essential functions of the position currently held as well as those desired and the benefits and privileges other employees without disabilities enjoy.

This duty, however, only applies to known physical or mental disabilities. It is usually the responsibility of the person needing an accommodation to request one. An employer's applications, test announcements, or advertisements may request persons with disabilities requiring an accommodation to participate in the application process to inform the employer within a reasonable time prior to applying or interviewing for a position or taking an examination.[24]

Here are five additional explanations of reasonable accommodation:[25]

- A reasonable accommodation must be an effective accommodation.
- The reasonable accommodation obligation applies only to accommodations that reduce barriers to employment related to a person's disability; it does not apply to accommodations that a disabled person may request for some other reason.
- A reasonable accommodation need not be the best accommodation, as long as it is effective for that purpose.
- An employer is not required to provide an accommodation that is primarily for the employee's/applicant's personal use.
- An individual is not required to accept an accommodation if the individual has not requested an accommodation and does not believe that one is needed.

An employer, for example, might offer to raise a worktable so that a disabled employee's wheelchair would fit under it. The employee would be entitled to decline accepting the higher table as an accommodation; the individual might prefer the lower table to permit easier use of a computer keyboard in her or his lap.

When is an accommodation effective? When it enables the person to perform the essential functions of the job. The accommodation should avoid limiting, segregating, or classifying the individual.

What happens if an applicant or employee refuses an accommodation? Remember, employers are not required to provide the accommodation the person requests, although where possible it is advisable to do so. The employer does not even have to provide the best accommodation. The accommodation must be effective in helping the individual perform the essential functions of the job. If the individual chooses not to accept this accommodation, there is a risk that doing so will render her or him unable to carry out the essential functions of the job. When that happens, the individual is no longer "otherwise qualified" for the position.

Examples of reasonable accommodations. Because the same disability can manifest itself very differently in two different people, accommodations require a case-by-case determination, as noted above. The following list of possibilities is not meant to be exhaustive.[26]

Making facilities accessible and usable. *For instance, providing designated parking spaces for those with disabilities if parking is provided to others.*

Job restructuring. *This does not include reassigning essential functions of the job. It can include exchanging or reassigning marginal functions, or changing how and when essential functions are performed.*

Modified work schedules. *This might include part-time work.*

Flexible leave policies. *Accommodations do not include paid leave, but could include leave without pay.*

Reassignment to a vacant position. *This is new to the ADA and applies to incumbents only and not to applicants*

Acquisition or modification of equipment and devices. *Examples include TDD's (telecommunications for the deaf) and apply to job-related equipment only. Employers are not required to provide devices for the personal use of the individual.*

Adjusting and modifying examinations, training materials, and policies. *This includes using training sites that are accessible.*

Providing qualified readers. *This does not mean two people must be hired to do one person's job."*

Providing qualified interpreters. *This can be done on an as-needed basis.*

There may be times when providing an accommodation will not be required. Obviously, no accommodation is required when it would not enable the individual to perform the essential functions of the job.

Likewise, no reasonable accommodation will be required if it would impose an undue hardship on the employer or a direct threat to the health and safety of the employee or others is created, which cannot be eliminated by a reasonable accommodation.

Defining undue hardship. The ADA defines this term as "significant difficulty or expense." What may be an undue hardship for one criminal justice agency may not be a hardship for a different agency in different circumstances. Accommodations may constitute undue hardship if they are unduly costly, extensive, substantial, disruptive, or would fundamentally alter the nature or operation of the agency.[28]

"An undue hardship may be something less than a cost that would drive the employer to the verge of going out of business, but at the same time it must impose more than a negligible cost."[29]

Defining direct threat. This involves a significant risk of substantial harm based on objective evidence and not mere speculation. It cannot be predicated on some remote possibility in the future but must be a present risk. Employers are required to reduce or eliminate the risk with an accommodation. When this is not possible, then a refusal to hire due to direct threat may be appropriate.

Deciding what accommodation to provide. The best place to start is with the person requiring the accommodation. Often she or he will know what accommodation will work and how to obtain that accommodation as cost-efficiently as possible. It may also be a good idea to consult with other employers and local vocational rehabilitation agencies. The Job Accommodations Network (JAN), offered by the President's Committee on Disabilities, is an information and reference service that suggests accommodations. JAN may be reached at 1–800–ADA–WORK.

Accessibility to programs and services

The ADA not only addresses how criminal justice agencies are to treat their own employees under Title II but also governs how they are to treat members of the general public who may have a disability. Although Title II went into effect on January 26, 1992, many of its requirements have been in effect for federally assisted programs for nearly 20 years under the Rehabilitation Act of 1973. The ADA merely expands coverage to all government programs, services, or activities. However, a significant consequence of the ADA was to bring to the attention of the public at large the rights of those with disabilities to enjoy both equal employment opportunity and equal access to programs and services.

Title II applies to any governmental agency regardless of its size and requires the agency to make sure that its programs, services, and activities are accessible to persons with disabilities. This affects two areas: (1) the services and programs delivered by the agency, and (2) physical access to the facilities where these programs, services, and activities are offered.

Determining accessibility of programs and services. To ascertain if the agency is meeting the requirements of the ADA, the offered programs, services, and activities in their entirety need to be examined and the following questions asked:

- Are any modifications to the agency's policies, practices, or procedures necessary to ensure accessibility?
- Do any eligibility criteria eliminate or tend to screen out a qualified individual with a disability from enjoying the benefits of these programs, services, or activities?
- Do any policies or practices segregate persons with disabilities from others participating in these programs, services, or activities?
- Are any of these programs, services, or activities delivered at a location or facility that has the effect of denying persons with disabilities the right to enjoy the benefits of these programs, services, or activities?
- If alternative services are offered to persons with disabilities, are these benefits unequal to those offered to the public at large?

If the answer to any of these questions is "yes," the agency may need to revise the way it offers its programs, services, and activities. Modification will not be necessary, however, if doing so fundamentally alters the nature of the program, service, or activity or causes an undue burden. Undue burden under Title II is analogous to undue

hardship under Title I, and means "significant difficulty or expense . . . taking into account such factors as the nature and cost of the action, the financial resources of the site or a parent organization, the relationship of the site to the parent organization, and the type of the parent organization."[30]

Is it always illegal to have discriminatory practices or policies? Obviously not. An agency is allowed to take into account the safety of the public. So, for example, prohibiting persons with heart disease from riding on a roller coaster at a county fair might be a permissible rule with a discriminatory effect.

Determining physical access to facilities. Are criminal justice agencies expected to rebuild or renovate their facilities? The answer is a qualified "no." Criminal justice agencies are not expected to "retrofit" their existing buildings. Nor are they expected to alter historical landmarks. A rule of thumb is to look at the program, not the building. Is it possible to change the way the program is delivered rather than the building? Examples include moving the program or service to an accessible part of the building, such as the first floor, providing home delivery of the service, or telephoning the person with a mobility impairment. If so, then remodeling the delivery of the service rather than the building in which it is delivered may suffice. A little creativity can go a long way in complying with this part of the ADA.

New construction or alterations to existing buildings, however, must comply with the ADA. The Architectural and Transportation Compliance Board (the "Access Board") has issued proposed accessibility guidelines for State and local governments. These guidelines are expected to have special considerations not originally contemplated for courthouses and correctional facilities. Until the final guidelines are issued, however, agencies may choose between two different sets of architectural standards: the Uniform Federal Accessibility Standard (UFAS) or the ADA Accessibility Guidelines (ADAAG).

What must be done at the administrative level to comply with Title II of the ADA? Several things. Some of these administrative requirements will only apply to entities with 50 or more employees. A word of caution on calculating the number of employees. The size of a particular entity will be computed based on the number of employees not only in the department, but also on the number of employees in the city or county in which the specific department operates. Therefore, only the smallest of jurisdictions will be exempt from most administrative requirements.

What are these requirements?

- Self-evaluations of programs, services, and activities delivered should be conducted and a study made of whether the policies and practices prevent persons with disabilities from enjoying the benefits and privileges of them. For entities with 50 or more employees, the self-evaluation must have been completed by January 26, 1993, and be made available to the public for 3 years.

ADA Issues in the Criminal Justice Community

Future Research in Action issues will discuss such questions about the ADA's impact as the following:

Conditional Offer of Employment

- How should a conditional offer be developed in order to be legally sound?
- Under what circumstances may a conditional offer be withdrawn?
- Can agencies develop a pool of qualified candidates from which to pick employees, both sworn and unsworn?

Medical Exams and Medical Inquiries

- What constitutes a medical exam or inquiry?
- What impact does this have on administering polygraph exams?
- How can agencies effectively screen applicants while still making good-faith conditional offers of employment?

Psychological Exams

- When may a psychological exam be given?
- When does a psychological exam test medical issues as opposed to common personality traits such as poor judgment or quick temper?

Agility Tests

- What impact is there on applicants if incumbents cannot pass the same agility test? Does this create a new hiring standard?
- What is the ADA's position on fitness for duty tests for incumbents?
- If administered prior to extending a conditional offer of employment, what precautions can be taken to ensure that an applicant is fit enough to take the agility test?

Visual Acuity

- Will stringent eye standards withstand the scrutiny of the ADA?
- What impact will vision impairments or learning disabilities such as dyslexia have on the selection and training process?

Light Duty

- If permanent light-duty positions exist, what obligations exist to make the same or similar positions available to other employees? To applicants? Does this create new hiring standards?
- If a light-duty position is vacated, must it be made available to another person with a disability?

Drugs and Alcohol

- What does the ADA mean by "current use" and what constitutes the successful completion of a rehabilitation program?
- What questions can be asked of an applicant preoffer regarding drug and alcohol consumption?
- What about the impact of a former drug user with or without a criminal record on the security and integrity of the agency?

Women Who Are Disabled—and Battered

By Loretta Marmer
ADVANCE Staff

There are nearly three times as many animal shelters in the United States as there are shelters for battered women and their children. Yet this statistic, from the proceedings of the Senate Judiciary hearings on the Violence Against Women Act, 1990, pales in comparison to the number of resources available to women with disabilities who are also survivors of domestic abuse.

That void is what led Sharon Hickman to launch the Domestic Violence Initiative for Women with Disabilities in Denver, 10 years ago. Not a shelter, the Initiative offers counseling and support to help women with disabilities in abusive relationships find the strength and resources they need to leave.

Hickman realized the need for such a service while volunteering at two local agencies in the Denver area more than a decade ago. Fresh out of graduate school, she volunteered simultaneously at the first independent living center in Denver and at a women's shelter.

Working at the shelter, "I noticed that there were no women with disabilities—ever. I was doing some support groups for women with disabilities at the time, and...they always ended up talking about abuse and domestic violence. This was the only safe place they had to talk about this issue," Hickman recalled.

FINDING A SAFE haven from abusive situations is not always easy for women in general, let alone those with disabilities. Often these women are struggling to gain prominence in their communities, to take on responsibilities and gain independence, Hickman said.

"They don't want to think about how vulnerable they may be." Still, people with disabilities are at an even greater risk of being abused than the general population. Statistics estimate that 85 percent of women with disabilities are abused at some point in their lives, she reported. Violence may be at the hands of caregivers, family members, spouses or boyfriends.

While many abuse issues are common to all battered women, there are some concerns unique to women with disabilities, Hickman said.

For one, opportunists often prey upon women with disabilities, seeing them as helpless and vulnerable. A potential abuser may express interest in a woman in a wheelchair, for instance, and offer to help her around the house with cooking and cleaning. "He moves in and before she knows it he has the social security check and is isolating her from family and friends. She disappears from her support systems," Hickman explained.

THE SITUATION frequently escalates to physical abuse, she continued. An abuser might remove the wheels from his mate's wheelchair, rendering her physically incapable of leaving. He also may unplug the TV and phone, take away medications or even shackle her to the bed. "There are so many ways to be abusive to a person who is struggling with disabling conditions," Hickman noted.

To women who cannot fathom what it's like to be locked into a violent relationship, Hickman admitted it's easy to ask "why not just leave?"

"They say 'I wouldn't live with a man if he hit me. I'd walk out in a minute.' But that's not so doable if you can't walk or talk," Hickman said. Some women believe that the abuse is a trade-off. "He has to put up with my disability so I put up with his abuse," they reason.

According to Hickman, most women who are killed by their abusers are murdered after they make it known they intend to leave.

Even women with so-called "hidden" disabilities are not immune to the dangers of domestic violence. "There are a lot of disabilities that are not obvious, and those women may try to pass as 'normal.' They feel they can escape the discrimination and victimization," Hickman said.

The discrimination Hickman refers to is societal prejudice that persists despite efforts of the ADA and disabled rights advocates. Negative attitudes are perfect for breeding contempt and violence. "It is very ingrained in our culture to look down on people who are different," said Hickman. This discrimination often leads to low self-esteem and learned helplessness, characteristics common among survivors of violence. Since the time they were little girls, many women have gotten the message that no one values and honors them. Besides, there are no role models for women who have a disability, Hickman added.

Unwittingly, authorities do not always take the complaints of women with disabilities seriously. If a woman with a speech impediment calls the police, and the responding officer is unable to understand her, he might dismiss the call as a hoax, Hickman continued.

While no woman should stay in an abusive situation, alternatives for women with disabilities are especially scarce. "Unless she has family to take her in or she moves away, she will probably end up back in the same situation," said Hickman. Women in general attempt to leave an average of five to seven times before they successfully escape the violence permanently.

Even if a shelter is accessible, most large city shelters run at full occupancy and at times are forced to turn women away. Even if room is available, a woman who discloses that she has a disability over the telephone may be turned down because shelter staff feel she would be a burden on the facility and residents.

"IT'S TOO EASY for them to say 'We can't take you, we're full.' They think if you're disabled you can't do your share of chores, that you'll scare the children and make more work for other people, even though that's often not the case," Hickman said. "Attitudinal barriers are the hardest to break down."

Hickman is careful not to be too critical of the work of shelters since they do so much to help women break out of violent situations. "We have to be very careful not to devalue the work they do...but they also need to include all women in their work."

When she first opened the center, Hickman launched a huge public relations campaign to spread awareness about the needs of women with disabilities living in dangerous relationships. "We are getting an increasing number of requests for services" she noted. "Every year we've gotten bigger, but the budget remains the same—between $50,000 and $85,000." The Denver center provided about 4,000 units of service last year.

Staffed primarily by women with disabilities who are survivors of domestic violence, the center's peer counseling is its major strength. Staff work with area shelters to widen living options for those they serve, and visit area shelters to provide education about serving the disabled population.

Hickman added that staff help women obtain restraining orders from their abusers. "Women [with disabilities] don't fair well in court, and they are sometimes not seen as credible witnesses," she said. "We accompany them to court or pay for the emergency transportation to get them there," Hickman said.

CERTAINLY THE only program of its kind in Denver, the Domestic Violence Initiative is probably one of only a few resources nationally for battered women with disabilities. But this shouldn't be too surprising considering that the first women's shelter wasn't established until about 20 years ago.

In addition to Denver, there are programs in Chicago and Boston specifically geared to address the needs of this population.

Chris Womendez, executive director of FINEX, a shelter for battered disabled women in Boston, wants to get the word out that there is help for women with disabilities living in danger. Like the Denver program, FINEX is committed to getting the word out.

"We often do community speaking engagements, and we sent out 35,000 copies of a handbook addressing domestic violence, called *Escape*, directly to the homes of people with disabilities," Womendez said.

And simply knowing help is available can be a powerful impetus to leave an abusive relationship.

• *For more information about the Domestic Violence Initiative in Denver call (303) 839-5510 or fax (303) 839-1181.*

H 1803

Chapter 298

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Ninety-six

AN ACT RELATIVE TO THE CRIME OF STALKING.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 1 of chapter 209A of the General Laws, as appearing in the 1994 Official Edition, is hereby amended by inserting after the definition of "Law officer" the following definition:-

"Protection order issued by another jurisdiction", any injunction or other order issued by a court of another state, territory or possession of the United States, the Commonwealth of Puerto Rico, or the District of Columbia, or tribal court that is issued for the purpose of preventing violent or threatening acts or harassment against, or contact or communication with or physical proximity to another person, including temporary and final orders issued by civil and criminal courts filed by or on behalf of a person seeking protection.

SECTION 2. Section 3B of said chapter 209A, as so appearing, is hereby amended by inserting after the word "then", in line 7, the following words:- controls, owns or.

SECTION 3. Section 5 of said chapter 209A, as so appearing, is hereby amended by inserting after the word "business", in line 1, the following words:- or the plaintiff is unable to appear in court because of severe hardship due to the plaintiff's physical condition.

SECTION 4. The first paragraph of said section 5 of said chapter 209A, as so appearing, is hereby further amended by inserting after the third sentence the following sentence:- If the plaintiff in such a case is unable to appear in court without severe hardship due to the plaintiff's physical condition, then a representative may appear in court on the plaintiff's behalf and file the requisite complaint with an affidavit setting forth the circumstances preventing the plaintiff from appearing personally.

SECTION 5. Said chapter 209A is hereby further amended by inserting after section 5 the following section:-

Section 5A. Any protection order issued by another jurisdiction, as defined in section one, shall be given full faith and credit throughout the commonwealth and enforced as if it were issued in the commonwealth for as long as the order is in effect in the issuing jurisdiction.

A person entitled to protection under a protection order issued by another jurisdiction may file such order in the superior court department or the Boston municipal court department or any division of the probate and family or district court departments by filing with the court a certified copy of such order which shall be entered into the statewide domestic violence record keeping system established pursuant to the provisions of section seven of chapter one hundred and eighty-eight of the acts of nineteen hundred and ninety-two and maintained by the office of the commissioner of probation. Such person shall swear under oath in an affidavit, to the best of such person's knowledge, that such order is presently in effect as written. Upon request by a law enforcement agency, the register or clerk of such court shall provide a certified copy of the protection order issued by the other jurisdiction.

A law enforcement officer may presume the validity of, and enforce in accordance with section six, a copy of a protection order issued by another jurisdiction which has been provided to the law enforcement officer by any source; provided, however, that the officer is also provided with a statement by the person protected by the order that such order remains in effect. Law enforcement officers may rely on such statement by the person protected by such order.

SECTION 6. Section 6 of said chapter 209A, as appearing in the 1994 Official Edition, is hereby amended by inserting after the word "three", in line 67, the following words:- , three B, three C.

SECTION 7. Said section 6 of said chapter 209A, as so appearing, is hereby further amended by inserting after the word "nine C", in line 69, the following words:- or similar protection order issued by another jurisdiction.

SECTION 8. Section 7 of said chapter 209A, as so appearing, is hereby amended by inserting after the word "order", in lines 42 and 72, each time it appears, the following words, in each instance:- or a protection order issued by anotner jurisdiction.

SECTION 9. Section 8 of said chapter 209A, as so appearing, is hereby amended by inserting after the word "inspection", in line 3, the following

words:- including any copy of a protection order issued by another jurisdiction.

SECTION 10. Section 20 of chapter 233 of the General Laws, as amended by section 94 of chapter 5 of the acts of 1995, is hereby further amended by striking out the clause First and inserting in place thereof the following clause:-

First, Except in a proceeding arising out of or involving a contract made by a married woman with her husband, a proceeding under chapter two hundred and nine D and in a prosecution begun under sections one to ten, inclusive, of chapter two hundred and seventy-three, any criminal proceeding in which one spouse is a defendant alleged to have committed a crime against the other spouse or to have violated a temporary or permanent vacate, restraining, or no-contact order or judgment issued pursuant to section eighteen, thirty-four B or thirty-four C of chapter two hundred and eight, section thirty-two of chapter two hundred and nine, section three, three B, three C, four, or five of chapter two hundred and nine A, or sections fifteen or twenty of chapter two hundred and nine C, or a similar protection order issued by another jurisdiction, obtained by the other spouse, and except in a proceeding involving abuse of a person under the age of eighteen, including incest, neither husband nor wife shall testify as to private conversations with the other.

SECTION 11. Section 43 of chapter 265 of the General Laws, as appearing in the 1994 Official Edition, is hereby amended by striking out paragraph (a) and inserting in place thereof the following paragraph:-

(a) Whoever (1) willfully and maliciously engages in a knowing pattern of conduct or series of acts over a period of time directed at a specific person which seriously alarms or annoys that person and would cause a reasonable person to suffer substantial emotional distress, and (2) makes a threat with the intent to place the person in imminent fear of death or bodily injury, shall be guilty of the crime of stalking and shall be punished by imprisonment in the state prison for not more than five years or by a fine of not more than one thousand dollars, or imprisonment in the house of correction for not more than two and one-half years or both.

SECTION 12. Said section 43 of said chapter 265, as so appearing, is hereby further amended by inserting after the word "nine C", in line 14, the following words:- or a protection order issued by another jurisdiction.

SECTION 13. Section 28 of chapter 276 of the General Laws, as so appearing, is hereby amended by inserting after the word "restraining", in line 21, the following words:- , suspension and surrender,.

SECTION 14. Said section 28 of said chapter 276, as so appearing, is hereby further amended by inserting after the word "three", in line 24, the following words:- , three B, three C.

SECTION 15. Chapter 277 of the General Laws is hereby amended by inserting after section 62A the following section:-

Section 62B. The crime of stalking, as set forth in section forty-three of chapter two hundred and sixty-five, may be prosecuted and punished in any territorial jurisdiction of the commonwealth wherein an act constituting an element of the crime was committed.

SECTION 16. Section 7 of chapter 188 of the acts of 1992 is hereby amended by inserting after the word "Laws", in line 10, the following words:- and protection orders issued by another jurisdiction, filed pursuant to section five A of chapter two hundred and nine A of the General Laws.

House of Representatives, July 31, 1996.

Passed to be enacted, Thomas M. Finneran, Speaker.

In Senate, July 31, 1996.

Passed to be enacted, Thomas F. Birmingham, President.

9 August, 1996.

Approved,

10:25 AM

William F. Weld

Governor.

Sexuality and Disability, Vol. 9, No. 3, 1991

Escaping from Abuse: Unique Issues for Women with Disabilities

Chris Womendez[1,3] and Karen Schneiderman[2]

This article is an overview of the issues and problems facing women with disabilities who have been battered and abused. It is written by two women who have experienced abuse and have been involved with the Finex House in Jamaica Plains, Massachusetts. The article discusses specific problem areas facing women with disabilities such as accessibility, self-protection and shelters available. It also examines the unique psychological and socialization problems that women with disabilities must deal with throughout the developmental process. Finally, the article addresses prevention issues and how to protect one's self from an abuser.

It may shock you to know that disabled women are battered more than able bodied women. The following is an overview by two women who have experienced abuse. Chris Womendez is a Co-founder of Finex House which is a shelter that has accepted disabled battered women and their children since 1984. Karen Schneiderman is a teacher and an eight-year activist with the "Disabled People's Liberation Front."

Understanding how to end the abuse of *disabled'.1 people is a complicated task. There are a variety of ways a person with a disability may escape from an attacker depending upon her/his disability. Some factors to consider include: the age of the abused person; the type of abuse; relationship of the attacker to the abused; the longevity of the abuse; and where the abuse occurs.

[1]Co-founder, Finex House, Jamaica Plains, Massachusetts.
[2]Teacher, political activist.
[3]Correspondence should be directed to Chris Womendez, Finex House, P.O. Box 1154, Jamaica Plains, Massachusetts.

*The authors recognize that disabled men are also the targets of abuse. However, our experiences have been almost entirely with women.

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HISTORY

Any woman, regardless of age, class, or race can be the target of abuse. Disabled women can be seen as both emotional and physical subjects of abuse. Although disabled women grow up in an institutional setting, a special day program, or a mainstream school, we/they still may not be part of regular childhood activities. At home, she/I may be unable or unwelcome participants in "normal" social affairs with her/my peers. Even the family is over protective, either shielding her/me from the daily chores, or pressing her/me harder than her/my siblings to do work around the house so that she/I may feel some equality with her/my brothers and sisters. In either scenario, the way the family members treat her/me is "different".

When the young woman reaches dating age, she may have fewer opportunities because of her difference, to experience a healthy process of learning what she likes and dislikes sexually, and how to set boundaries that are pleasing for her; she may not have dates, go to parties, or engage in any sexual activity appropriate to people her own age. Rejection may be her education, leaving her to first encounter sexual experience at a later age than her able bodied friends. Delaying the pleasure of progressive intimacy may cause her to be confused when the opportunity for any sort of sexual relationship arises. There are questions: Is this sexual activity suitable even though I am not enjoying it? Should I do what my partner demands because that person knows more about sex than I do? Should I do whatever s/he wants, because sex, pleasant or not makes me feel more "normal"? Should I go along with it because *I have no idea* how to begin a relationship?

That last question is critical because we/they, as disabled women very often have not had the comparative experiences, because knowledge of sex is second-hand—books, or observance of other couples in and outside of the family—we/they often do not know how to respond. If we use the example of the disabled woman who is naive about sexuality and has no experience with courtship, but is now confronted with a real situation, in addition to the fear of the unknown, she may also be excited by the attention. Her desire to be a "normal" woman, means she must repress that fear and let her partner lead her into unfamiliar territory. If she is lucky, that person will be caring and sensitive to her needs. S/he may listen to her concerns, or instead may do what s/he pleases. This may not be the beginning of emotional battering but unwillingness to pay attention to the woman's concerns can set up an unhealthy model that can lead to physical abuse if that person is inclined to such behavior. If she frees herself from this person, she may be left with the belief that only people who want to control her or to hurt her, are those with whom she will be able to have as sexual partners. She may feel she is left with one choice: celibacy or potentially violent sexual encounters. Since most people usually do not opt for

lifelong abstinence, she may conclude that because of her disability, her destiny is to put up with the whims of anyone, because she is grateful for some sexual attention. Her low self-esteem is deepened by this knowledge that no loving person could care for her, and fate proclaims that she deserves what she gets, even if that means risking her life.

As disabled women, (and this is true for all women) we/they must discard this notion of gratitude for any sexual attention. Our fear of being alone supersedes our fear of being assaulted, *not because we are stupid or enjoy physical pain*. Pain is a feeling, and some women may decide that bad feelings are better than not at all. For others, we/they try to dissociate our/themselves from the parts of our/their bodies that are being assaulted. Women disabled from birth are very familiar with this tactic, as we/they have had to shut off our/their feelings as doctors cut, probed, and generally caused constant pain in the name of "helpers". Those people also denied us/them privacy. Our/their bodies were public and our/their nakedness was the norm as the medical staff examined us/them as if we/they were not human. For women who became disabled later in life, the experience is newer but lack of privilege is the same. Newly disabled women may still cling to the memory of their healthy physical selves. They may choose to react against the discrimination caused by their disability with power and anger: they know what they are missing. For others, there may be sad resignation that this new life is one devoid of many pleasures, including consensual sexuality. They may take on the new role of potential victim because their old behaviors do not apply in this new disabled community. Although they see themselves as whole people, the world does not.

Disabled women have had few healthy sexual models against which to measure our/their selves. Because of a longing to feel intimacy with another person, we/they sometimes engage in unhealthy and even lethal activity, rather than shut off from human contact.

THE PERSON WHO IS ABUSED AND DISABLED

People need to use their own internal controls to prevent other people from invading their physical space for medical reasons or to assist in their personal hygiene. Disabled people may mentally disassociate body parts in order to deal with catheters, bathing, relieving of the bowels etc. Deadening of one's body parts is also a common experience for people who have been incested or battered. A high tolerance for pain may develop. Sometimes these defense mechanisms become an instant response that makes it more possible for disabled people to live with abuse. Other categories of individuals also use this disassociative mechanism. Many prostitutes are victims of incest and use 'turning off feelings' in body parts to make their money.

Victims of incest often engage in, "scratching", or cutting themselves by piercing their bodies with sharp objects, perhaps to achieve some self-determined sensation. It usually is not an attempt at suicide. One deaf woman staying at Finex House said in sign language, "I may just imagine cutting myself, triggered whenever I see a sharp object." Human service workers doubted she was abused when they found out that many of her wounds were self inflicted. Finally, it was substantiated by the Disabled Person's Protection Commission that she had undergone horrific abuses for decades by many family perpetrators. Sexual abuse of deaf children is disproportionate to their population. Fortunately, (in some states) upon reaching adulthood, one can prosecute a perpetrator of a past child molestation up to 25 years after it happened.

There are other symptoms of abuse that surface in ways that could block the path to escape. An extreme weight gain or loss can damage an already existing disability. It can make one victim in a wheelchair too heavy to transfer or she may be less able to leave her home, or find a taxi or other form of transportation. Some symptoms such as nightmares, panic attacks, suicidal feelings and emotional re-living of the trauma can make an individual afraid to leave the house when it is time to escape. The constant verbal abuse that goes along with attacks often emphasizing how stupid, the victim is serves to cloud her mind with self doubt. It can also make her feel unable to make a simple phone call for assistance. Additional problems arise when faced with human service workers who do not validate that abuse. If this happens, she may not seek help again from human service workers.

Denial, which was initially used to help the victim to live with abuse, can lower the primary need for flight to survive. Victims may also be (seemingly) rendered incapable of leaving an abusive situation because of drugs.

TYPES OF ABUSE

The types of abuse we have seen in women with disabilities at Finex House include: incest, rape, battering, stabbing, shooting, withholding food or medicine, removal of or sabotaging accessibility devices and cult abuse. Although much of this occurs in an institutional setting, most of what we see occurs repeatedly in the home among family members or care givers.

For instance, taking a person in a wheelchair somewhere they don't want to go can be likened to kidnapping. Removing the battery from an electric wheelchair can be like locking someone in a closet. Removing the portable ramp from their home can be like locking them/us in the house. If the victim is deaf, taking or breaking her TDD is like tearing out the phone. Engaging in sex without protection when the perpetrators know they have AIDS is like poisoning their victim. Perpetrators are willing to risk their own lives in order to destroy their victims. One batterer screamed, "If I can't have you no one will".

KNOWING THE ABUSER

Thus far, Finex House is one of the few shelters that specializes in servicing disabled battered women and their children. Through the course of our seven years, we have seen women whose personal care attendants are the abusers. Personal Care Attendants are like family members since they can be as attached as any relation would be. Most of their work occurs in the disabled person's home. Some abusers have purposefully engaged in the work as a personal care attendant to avail themselves of their victim.

Most abusers do share many common characteristics such as poor impulse control, a need for immediate gratification, and a low threshhold before exploding. They are often (but not always) nice to their victim after their "anger fix" which makes the victim think that the perpetrator has the ability to change. Plans for escape get postponed.

Knowing the abuser can help you to plan your escape. Ask yourself questions. What is the abuser like? If he/she becomes more affectionate after abuse, he/she may not be as suspicious during that time. Is he/she not around during any specific times? Is the abuser on probation or does the person have existing warrants? You must tell his/her probation officer about your abuse after you leave. Is he/she a personal care attendant? You must tell the agency that pays him/her.

PAST ATTEMPTS

Battered women often make several attempts at leaving before making a final break from their abuser. Some police and human service workers feel reluctant to assist a battered woman because she has not followed through with complaints. A person with a disability must confront even more obstacles to attempt escape especially if there are children involved. Unfortunately the familiarity of abuse is often more comfortable than the strangeness of freedom. But with each successful brush with new freedoms, the victim becomes more familiar with them. Old abuse becomes less acceptable. No matter how many times a victim has attempted to escape, but went back or got caught, she/he should be applauded for the courage to keep trying.

ACCESSIBILITY PROBLEMS

Most courts and shelters are not wheelchair accessible. Although there is a new wave of consciousness when designing sites and special incentives from funding sources, some women in wheelchairs have called ambulances to bring

them up to police or had the Assistant District Attorney come down to the sidewalk to conduct the business of obtaining a restraining order. Usually these offices don't have a Telecommunication device (TDD) for the deaf. If they do have T.D.D.s the person answering the phone sometimes does not know how to use it.

English is a second language for most deaf people. Someone unfamiliar with this fact may assume that the victim's thought processes are slow or different. Sometimes the police make the mistake of relying on the abuser or the victim's young children to communicate with the deaf victim.

PREPARING TO LEAVE

Due to all the state and federal cutbacks within agencies that assist disabled people and battered women, there will be a higher incidence of abuse of disabled people and less help available. A human service worker assisting a disabled battered woman to escape must learn to accompany her, rather than avoid the heroics of a rescue. Mutual respect requires realizing that the abused person is the best expert in her/his escape techniques. Providing transportation and resources is important. The act of planning can sometimes be a healing and empowering experience for the abused/survivor.

Workers must understand primary and alternative escape plans. One set of guidelines for all people with disabilities can't work. Few shelters are wheelchair accessible. Contact them prior to leaving if the victim uses a wheelchair or if she has children that use a wheelchair. This will insure that there will be a supportive place to go.

B'nai Brith Women of Canada suggests, "Rent *your own* safety deposit box in a bank far from you house OR find another secure place for your original papers" such as birth certificates, social security cards etc. Hide some cash too (not in your home.) If you receive public benefits, or other checks in the mail, you can have them mailed directly to your bank for immediate deposit. If the batterer's name is on the account, open up another one before you leave. Think back to the people in your life who never betrayed you and who would believe you now. Don't choose anyone who is friendly with your abuser. Abusers usually isolate victims from friends over time. This is a good time to secretly renew old friendships. Leave copies of your keys, your papers and prescriptions with them. You will need them once you leave. If you are on tranquilizers, and you think less clearly because of them, try to detox yourself a little at a time until you feel as if you can think more clearly. Don't cut yourself off from them entirely since the withdrawal can only add to internal confusion.

Don't have friends write to you. The batterer could intercept the mail. After you leave, ask a good friend that doesn't know your abuser and prefera-

bly lives either out of state or out of the country, if she would forward letters to your batterer from you. This way you can say goodbye and lead the abuser to a false location via the wrong post mark. Don't make calls on your own phone since they will turn up on your phone bill. Be more affectionate than usual. *Preparation makes for a successful escape*. Give yourself a head start by leaving a note explaining that you have a medical check-up.

Take out a Restraining Order (R.O.) at Court and explain that your new address is confidential since it will send a copy of your R.O. to your abuser with your new address on it. You will need to return to court in five days to insure the restraining order lasts for six months or one year. The batterer will be notified and may be in court too. Make sure you have strong people with you on this second trip, since many women are caught outside. You could ask for a police escort.

Often battered women die as a result of domestic violence when they *are* leaving or have left and the abusers have nothing else to lose. In Canada, 52% of all female homicides happen because of domestic violence. A woman dies every 18 days in Massachusetts for the same reason. Make sure your tracks are covered.

ACCESSIBLE SHELTERS

If an accessible shelter can't be found, motels often do have accessible rooms that are used temporarily but they cost money. Finex House does accept battered women from out of state if there is no accessible shelter space in their state. Finex House's hot line number is 617-288-1054. We distribute *Escape, A Handbook For Battered Women Who Have Disabilities* which has more detailed escape techniques and listings of accessible shelter space. You can also call us and we will mail it to your new post office box.

When it is a life or death situation, direct action must be taken to insure survival. A police escort may be necessary. Under the new Mandatory Arrest Program in many states, (Check with the police to see if your state has one) the perpetrator is arrested on the scene. The abused person should leave before the perpetrator is able to raise bail. It usually takes at least a few hours for the bail commissioner to arrive.

Don't give up! There is always a way *OUT*. Thousands of people who have disabilities and been heinously abused have gone on to become safe survivors. You can, too.

This article appeared in the Fall and Winter 1997 issue of the Arc Massachusetts Advocate newsletter.

Victims of Abuse: Why? How? What can we do? The Buonomos Re-issue "A Call to Action"

A two-part series recounting a true story with important messages for all of us, by Jody Williams, Abuse Prevention Project Coordinator at the Disabled Persons Protection Commission. Very special thanks are extended to Doris and Joseph Buonomo and to their son.

We know about some victims of abuse. Here are a few recent cases involving adults with mental retardation that were investigated after reports came in to the Abuse Reporting Hotline of the Disabled Persons Protection Commission (DPPC). (A few details have been changed for simplicity or to protect privacy.)

- A staff person, apparently irritated that a man would not exit the van which had delivered him to his day program, screamed at and tried physically to pull the man out of the vehicle by his legs. Investigation revealed that the non-verbal victim typically needed to be patiently coaxed to get out of the van; on this occasion, after being yelled at, he had lain down on the floor of the van, then spit after staff's attempts to drag him out; the staff person nonetheless kept yelling and pulling until another party intervened. The victim suffered no obvious physical injuries but was visibly angry and agitated all day. (The staff person who yelled and pulled him was fired.)
- After being notified by a neighbor, local police forced their way into the 3-room apartment where five people lived, and found a severely dehydrated and underfed man locked in his bedroom, in a urine-soaked bed. The mother, who spoke no English, said she'd left her son for only a few hours, and they lived poorly because they had no money other than his social security disability check. The man was hospitalized. Investigation revealed that the mother had failed to get her son to programs, and had left him frequently and for long periods. DMR was asked to arrange an out-of-home placement; this was done, and the man is now doing quite well.
- A man living in a community residence choked after being transferred from his wheelchair to his bed, while staff were changing his diaper and clothes. Though a Heimlich maneuver was performed, and EMTs promptly called, he was pronounced dead upon arrival at the hospital. Investigation and autopsy revealed that this non-verbal individual had a history of "mouthing" (i.e., quickly stuffing an object into his mouth), and had suffocated on plastic from the diaper. The distressed staff said they were in the man's room all the time and had not left him alone, but they hadn't seen him grab and eat part of the diaper they'd left within reach. The DPPC concluded that death resulted from caregiver "omission" (failure to take proper precautions) and recommended extensive staff training on dealing with this kind of behavior.

In these three cases, someone saw or suspected a problem, and reported it promptly to an agency empowered to take action. But <u>we do not know</u> about many other instances in which people with mental retardation are victims. There are many reasons for this:

- The victims cannot tell us what happened. Usually this is when a person is non-verbal or has limited communication ability; sometimes it may be they are too traumatized to talk about it, or have been threatened or bribed not to say anything. (The extreme example of a victim unable to communicate is the young woman in a long-term coma who became pregnant as from being raped in a New York nursing home.)
- They try to tell us something is wrong but we don't understand;
- They tell us but we don't believe them;
- No one saw the abuse, or the people who did lie to protect colleagues or other family members;
- The sexual or financial exploitation was subtly offered as affection and attention, playing on the victim's naiveté, need, or desire to be generous. If the exploiter is successful, the victim does not realize that she has been used.

Ignorance here is not bliss. We cannot hide our heads in the sand. Enough studies have confirmed that children and adults with disabilities are more vulnerable than their non-disabled peers to abuse, neglect, and exploitation. Furthermore, people whose disability is mental retardation or developmental disability, and people living in large institutional settings (including psychiatric hospitals, retardation facilities, nursing homes, chronic care hospitals) are at particularly high risk. We must be sure that people with mental retardation are not further victimized by ignorance on the part of those who are trying to help them.

The three cases summarized above involved: (1) physical abuse by an angry, frustrated (perhaps under-trained, perhaps simply brutal) paid staff person; (2) life-threatening neglect by an isolated family caregiver living in extreme poverty; and (3) an unexpected death because the caregiver did not appreciate how fast the person in his charge could grab and ingest a non-food item.

The is another kind of abuse to which people with mental retardation are tragically vulnerable. **Sexual abuse** is sadly and dramatically shown in the true story following. The parents of the young man who was sexually abused in his group home went public with their story six years ago. Joseph and Doris ("Dot") Buonomo are well known to the Arc family.

> "After 30 years as a volunteer for the Associations for Retarded Citizens in almost every capacity, including President of the ARC/US and two years on the [U.S.] President's Commission on Mental Retardation," wrote Joseph Buonomo in May 1993, "I thought I had enough sophistication and understanding to handle almost any challenge in the field....The many years of advocating for equal justice, equal programs, community acceptance, and human dignity....did not prepare us for [the] shocking degradation: SEXUAL ABUSE.... **When a family member is abused, and encounters unsatisfactory actions and frustration at every turn, it serves as A CALL TO ACTION."**

The degradation experienced by the Buonomo's son, initially by the abuse itself and subsequently by the way it was handled, stimulated Joe and Doris (a longtime employee of the Dept. of Mental Retardation and Arc advocate) to contact influential colleagues who joined them to form a high-level **Task Force on "Access of Victims and Witnesses with Mental Retardation to the Criminal Justice Systems."** The Task Force worked for two years to write and get passed new legislation to facilitate the opportunity of victims with mental retardation to testify in court, and it proposed numerous training initiatives and intervention protocols for DMR, prosecutors, and others. As a member of the Task Force, I interviewed Joe and Dot and wrote up their family's story, which appeared in the group's official report and recommendations published in 1993. Now, three and a half years later, I am researching and publicizing abuse prevention at the DPPC, and along with many of their friends and admirers I wished Dot and Joe a happy retirement in Maine. I wondered how their son was doing. What had the abuse meant in his life, and in his parents' lives, as the years passed? What changes or improvements that Joe and Dot and the Task Force championed had -- or had not -- been made? Could their son's abuse happen to some other young man or woman today? What have we learned?

Joe and Dot graciously agreed to be interviewed again. Much has happened in "Peter's" life and theirs, and they have some important messages for The Advocate's readers. First, however, let's begin with Peter's experience in 1990. Read the rest of this article bearing in mind some of the questions about preparedness, responsiveness, and sensitivity that troubled the Task Force. How well were Peter's rights, needs and interests protected and respected? At what points could people have made a big difference? Read what has happened since in Part II, below.

Peter, age 39, Gary, and two other men are living in a group home operated by a private non-profit agency funded and licensed by the Department of Mental Retardation (DMR). All four

men go to workshops or programs in the day, and their families are regularly involved in their lives.

Rather suddenly and unexpectedly, Peter's behaviors changed: he became anxious, losing self-control, at times aggressive, at times withdrawn. As he began to not want to follow his usual routine, group home and workshop staff and the transportation drivers all became concerned. Several meetings were set up with Peter's psychologist and psychiatrist, but no one could explain the changes; and the interventions that were tried were only marginally successful.

Peter can speak to some extent, but could not at the time express in words whatever was troubling him. Group home staff observed that Peter was having particular difficulty relating to an evening/night staff person named Dan. Dan implied that Peter's difficulties were due to his (Dan's) insistence that Peter comply with his routine.

Then Peter's parents got a phone call. The program's clinical director reported that Dan had been found sexually abusing Gary (one of the house-mates), and had been fired. The agency reported the abuse to the DPPC, which assigned DMR to investigate. When interviewed to see if he knew anything about what had happened to Gary, Peter provided no specific information. (Later, the chair of the agency's Human Rights Committee apologized to the men's families for not having aggressively raised the issue of possible abuse of the other three men in the house; they had been told that Dan had been alone on duty at night.)

Peter's staff appeared to all think that Peter was "acting out" because he had witnessed conduct upsetting to him. Peter was known to be very sensitive to the people around him and to his surroundings.

The agency arranged for a therapist to work with Peter. He was this clinician's first client with mental retardation. When presented with anatomically explicit dolls, he said clearly and to the surprise of the therapist (who'd assumed that Peter was an observer), "This happened to me. He went on to identify Dan as the abuser and described how he was violated and where the abuse occurred. The agency filed a second complaint with the DPPC and notified Peter's parents.

The investigation substantiated abuse and referred the case to the local police and the country district attorney (DA). Dan had plea-bargained in the earlier case involving Gary, and had been placed on probation. The Assistant District Attorney (ADA) working on the case told the parents he wanted to videotape Peter's story.

Unfortunately, significant delays occurred both in the therapy and in the investigation. (The ADA got involved in a murder case, and the therapist unexpectedly underwent surgery.) Peter became more distressed. His parents thought he felt responsible for what happened to him, and they believe that prompt videotaping behind two-way mirrors shortly after the revelation of the therapist would have (a) produced more credible testimony, and (b) been less traumatic for Peter.

After reviewing the videotape, the DA's ofice decided not to seek a grand jury indictment because it believed Peter could not undergo a competency hearing in front of a judge, and because there was not enough other evidence (such as eyewitnesses and medical findings) to make a good case. The DMR investigator recommended that an expert in mental retardation be consulted to determine Peter's competency to be a witness, but this was not done.

The court-appointed victim-witness advocate, who also had limited experience with victims with mental retardation, seemed reluctant to inform Dan's probation officer about Peter's experience, and shared this information only after repeated prompting by the parents. The parents were not informed when the DA's office tried to have the Probation Department surrender Dan to

the court for violations of the conditions of probation. Concerned DMR personnel and the parents felt unable to find out what was happening, or to have any input into the proceedings.

Then, two weeks after the videotaping, Peter's therapist abruptly terminated services. Peter was left bereft. The provider agency hired another therapist.

Two and one half years later, Dot and Joe reported that Peter's capacity to trust others was significantly reduced, although he had made some progress. He was less outgoing, less buoyant than he had been before. He needed extra support during "anniversaries," the time of the victim's (often subconscious) recall of the emotional trauma associated with sexual abuse.

But despite steps forward, much remains to be done. In the next part, we shall see how Peter is doing today, and what Dot and Joe have learned and experienced in the past three years. Peter's ongoing struggles have much more to teach us. We still need to heed "A Call to Action."

Part II

At the end of Part I, we left Peter in the late winter of 1993. Fast forward to fall 1996. Peter is now 43 years old, living in a new group home in another Massachusetts town. There are more staff at this residence. These staff are trained and aware of his history of sexual abuse at his earlier group home, and they communicate well with his parents to ensure consistency in Peter's routines. Since the discovery of the abuse three years earlier, his day workshop has reliably offered Peter a warm daily welcome and stability to help him through the many changes in his life, including his parents' recent retirement move to Maine. Peter has built up a good relationship with his psychotherapist; this individual communicates well with Peter's parents Dot and Joe, as well as with his psychiatrist, who prescribes the medications he has been taking since the abuse came to light. Peter continues his fascination with trains, and still loves to visit the local rail yard to watch the freight cars and diesel engines and socialize with the engineers, who know him by name. He is warm and affectionate with his family, and loves hugs.

But all is not well. As Dot and Joe explain, **"Peter Is not the same person.** ***We had no idea of the implications of this abuse over time.*** In the early days after we learned about this abuse, it was as if *he froze in time.* He has lost skills that he had acquired before. Before the abuse, he could make a sandwich, and shave himself. But after, he would put the bread in the middle of the sandwich instead of the filling; and he had difficulty shaving. He used to be consistent regarding his personal hygiene, but after he would refuse to change clothes for extended periods of time. (Fortunately, now he changes his clothes regularly and is proud of his appearance.)

"Peter has been diagnosed with post traumatic stress syndrome, as the result of the abuse. He is currently on several medications, including Prozac, to treat this syndrome and for depression. *This has altered his lifestyle considerably.* He has gained weight, and is lethargic. He used to enjoy walking, bike riding, and yard work. Now he is prone to excessive perspiration, which is a side-effect of the medications, and he's less able to cope with an environment that is too stimulating. He is less able to handle disappointment and his own anger."

All their lives, Dot and Joe have embraced "inclusion" and "normalization," and made every effort to ensure that Peter was fully engaged with family, church and community life. Peter always spends every other weekend with them. Now, however, as a result of the abuse and the side-effects of medications, Dot and Joe must carefully assess whether they can take him to places or events -- such as parades, church, concerts, funerals -- a consideration that was not a concern prior to the abuse. They remain committed to encouraging and supporting Peter's participation in neighborhood and family activities, but as Dot says, "It's like we're walking on eggshells. We try to weigh carefully plans that will not place him in a tenuous situation. We are ever sensitive to his

feelings and the difficulties he has had to face since his abuse. His group home staff understand, they feel the same way."

Now, from time to time, Peter exhibits strange behaviors, too personal and too troubling to be described here. Dot believes that Peter's behaviors are trying to tell us something, that the changes are not simply the result of medications. "The Peters and Paulas of this world--the more severely disabled who cannot use words or are not comfortable with words--use behavior to express themselves and their hurt."

I was deeply shocked by the next revelation that Joe and Dot shared with me, when I interviewed them for this update about Peter's life.

As they struggled to deal with the aftermath of Peter's 1990 abuse, and watched his behaviors, Joe and Dot became troubled. Forgotten and unpleasant memories surfaced in their minds. They recalled that about a dozen years earlier (therefore some six years prior to the abuse described in Part I), Peter -- then living in his first group home -- experienced a sudden and dramatic breakdown. Staff rushed him via ambulance to a state psychiatric hospital. Dot and Joe had to contact "high-level" people to have Peter transferred out of this inappropriate placement which lasted three days. Peter was then admitted to the Fernald State School. (Even though the Shriver clinical team strongly recommended community placement, there were no community openings so Peter remained at Fernald for about three years.)

When first institutionalized after the breakdown, Peter was examined by a physician. This doctor ordered various tests that ruled out an organic explanation for his emotional deterioration; a psychiatrist also examined him and prescribed Haldol. Because Peter had earlier had some emotional difficulties, the crisis team clinicians and family all assumed this episode resulted from depression.

This was the early 1980s. *No one* acting in a clinical or caregiving capacity -- not the examining physician, or the psychiatrist, or the residence staff, or hospital or Fernald staff -- ever *raised the possibility that abuse might have triggered* Peter's sudden breakdown. No one asked for an investigation. [Neither the Dept. of Mental Retardation nor the Disabled Persons Protection Commission existed at this time; however the Dept. of Mental Health, which then ran both the psychiatric hospital where Peter was admitted and Fernald, could have investigated if someone had expressed serious suspicions.]

Looking back with their knowledge of the 1990 abuse, Dot and Joe now believe it's highly likely that sexual abuse at Peter's first residence so many years earlier, precipitated his sudden breakdown. Back then Peter exhibited the **same** troubling behaviors that he showed post-abuse in 1990. On several occasions, he discarded his underwear by flushing it down the toilet, and once he put it outside in the sewer. Dot remembers that her sister (who has no "clinical" training) was the only person who wondered if Peter's physical symptoms and conduct suggested sexual assault. The physician, however, did not draw any meaning from Peter's obvious discomfort during the physical exam.

Today, most trained people would recognize several of Peter's behaviors as classic warning signs, "red flags" indicating possible sexual abuse, especially since they manifested suddenly and together with dramatic deterioration in his emotional stability. In retrospect, Joe and Dot suspected that a particular staff person had abused Peter before the breakdown. Belatedly, an investigation was conducted but the findings were inconclusive: a decade or so after Peter's breakdown, abuse could not be substantiated.

We have seen how the abuse detected in 1990 impacted Peter's life, and how its effects are still felt today. If undetected abuse also caused Peter's breakdown years earlier, think what this

has meant in his life. What does it mean for Peter's ability to trust caregivers? For his feelings about himself? He was rushed away to be locked up in a psychiatric hospital, and treated for problems that were symptoms rather than the underlying cause. No one understood his cries for help because they were expressed as "problem behaviors" rather than in words. Through no fault of his own, he lost his first "adult" home, and had to spend three years in a large institution. Then he was abused in his next group home.

Dot and Joe always wanted Peter to live in the community. In retrospect, they are saddened that their strong desire to have him return to a community residence may have placed Peter in a situation that would prove vulnerable. When Peter left Fernald, staff CORI (criminal offender record information) checks were not required as a safeguard to protect clients; furthermore, Peter's community residence staff had not been trained to recognize signs of abuse. As a result, it's probable that Peter experienced sexual abuse for months, perhaps a year, before it was discovered. And then only because someone else's abuse had been exposed first! Thus Peter has suffered long and hard first from the evil of abuse, then from the ignorance of others, and in many more ways than anyone knew.

end of Part II

What happened to the May 1993 Report of the Task Force ? One triumph was speedy, and impressive. The Task Force members' work, with zealous support from Rep. Carole Donovan, stimulated the speedy enactment of a new Massachusetts law to facilitate court testimony of victims or witnesses with mental retardation. (Persons familiar with its origins call it the "Buonomo law"; G.L. Ch.233, Sec. 23E.) *(Copies of the Task Force report are available at the DPPC; see below. Many of its other recommendations have not yet been implemented.)* There is progress on other fronts. Providers now routinely do CORI (= Criminal Offender Record Information) checks, to ensure they are not hiring someone with a criminal conviction. The DPPC, which celebrates its 10th anniversary this year, has brought objectivity and more resources into abuse awareness and investigations. DMR has significantly increased both its investigations capacity and professionalism as well as its training activities. Many Arcs and other provider agencies now routinely train staff and consumers about abuse: how to detect it, what to do, how to report it, how to prevent it. More people understand how important it is to teach consumers personal safety and healthy relationship-building skills, including education about their own and others' sexuality.

About the author and the DPPC: Jody Williams is Abuse Prevention Project Coordinator at the Disabled Persons Protection Commission (DPPC), an independent state agency which oversees and investigates reports of abuse of adults with mental retardation and other disabilities by persons responsible for their care, and oversees the provision of protective services. Earlier, Jody served on The Arc's board and as Arc staff, and from 1985-1995 was executive director of the Massachusetts Developmental Disabilities Council, which funds the DPPC Prevention Project. The DPPC welcomes inquiries and ideas about how better to prevent abuse of people with disabilities; phone Jody at 617-727-6465, x. 108, or Susan Love at x. 114.

DPPC's 24 hour Disabled Abuse Reporting Hotline is 1-800-426-9009 (V/TTY).

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1997
Fall and Winter

REPORT OF

MASSACHUSETTS TASK FORCE

ON ACCESS OF

VICTIMS AND WITNESSES

WITH MENTAL RETARDATION

TO THE

CRIMINAL AND CIVIL JUSTICE

SYSTEMS

MAY 1993

Excerpts from Chapter VII:
"Summary and Recommendations: A Plan for the Future" (p. 23-4)

Serious problems in the system currently limit persons with mental retardation from equal access to the courts.... The Task Force needs the help of all agencies involved, including DMR [the Department of Mental Retardation] and other funding, licensing and regulatory agencies; DPPC; the Executive Office of Health and Human Services; the Attorney General's office; the district attorneys' offices; and the court system, to promote and facilitate equal access to the judicial process for victims and witnesses with mental retardation. Equally important [is] the support of private lawyers and the organized bar, political leaders in the executive and legislative branches, and parents and advocates for persons with mental retardation and other disabilities.

The Task Force recommends:

1. Victims and witnesses with mental retardation should not be "presumed" incompetent.

2. Enactment of legislation which would allow persons with mental retardation access to the court system as witnesses. Presently, their competency is questioned and discussed without the consideration of expert testimony. The enactment of the proposed legislation encourages use of expert testimony in determining actual competency to testify and articulates alternative forms of testimony, which increase access of persons with mental retardation to the courtroom.

Update/**Success!** The Legislature responded promptly, under the leadership of lead sponsor Rep. Carol A. Donovan, by adding in late 1994 Section 23E of Chapter 233 of the General Laws: **"Alternative procedure for determining competency of witnesses with mental retardation."**

3. Implementation of a comprehensive training initiative by the DMR for all staff within its agency and private provider agencies with whom it contracts for services, in several key areas related to abuse. These areas include but are not limited to: prevention, awareness of signs and symptoms which may be indicative of abuse, standard procedure to follow in order to respond effectively and in a timely manner, preserving evidence, and providing emotional support (at the time and thereafter) to the victim and family. DMR and provider agencies should receive prompt notification of any complaints. All allegations of abuse should be promptly investigated by the appropriate agencies.

4. Standard procedures and safeguards in the recruitment of staff. These include: Criminal Offender Record Information (CORI) checks for all department and private provider staff; the establishment of a registry within the Executive Office of Health and Human Services which would indicate if an individual has been charged or dismissed due to mistreatment of a client; and guidelines for screening and checking on potential staff recruits.

5. The establishment of interdisciplinary teams backed up by DMR clinicians and other expert resources to immediately assist D.A.s and Victim-Witness Advocates in assessing and evaluating a victims' competency. There are a number of existing resources which can assist the court in assessing and evaluating a victim's competence to testify. First, there are court clinicians. Second, resources should be available through the Case Management Team of the victim/witness, for example, to provide relevant information as well as current evaluations to the Court; likewise, if there is a question of retardation, a referral for an eligibility evaluation can address this issue as well as provide information to the court. **The resources exist; the challenge is to encourage the Court to access these services.**

6. The development of protocols for Clerk Magistrates to follow in interviewing victims of crime who are known or presumed to be mentally retarded.

7. The development of protocols for Victim/Witness Advocates to follow in interviewing victims of crime who are known or presumed to be mentally retarded.

8. The development of protocols for District Attorney Offices to follow relative to the assessment of competency, access to specialized resources, and ethical issues in deciding to prosecute such cases.

9. The initiation of continuing legal and judicial education for lawyers and judges on competency to testify and reasonable accommodations to victims and witnesses with mental retardation.

March 1997 ***Update/Comment*** *by Jody Williams, Abuse Prevention Project Coordinator of the Disabled Persons Protection Commission and member of the Task Force.* The Task Force, which had no staff, dissolved after passage of the new victim testimony legislation. Re Recommendation #2: Chapter 233, Sec. 23E needs to be more widely understood and used. Re Recommendation #3: DMR's commissioner agreed to implement some of the training recommendations for DMR; training, reporting and investigation have all improved significantly in recent years, but recent tragedies have shown how much remains to be done by DMR and others in all these areas. Re Recommendation #4: CORI checks are now routine for new hires, but no abuser registry has been established (a proposal is before the legislature). ** Certain Task Force members have continued to promote follow-up to certain of the recommendations, but to my knowledge implementation of each has been partial at best. I would appreciate information from readers regarding progress towards any of the recommendations, especially Recommendations 5-9. ** I urge you to read "Victims of Abuse," elsewhere in this collection, to understand the personal experiences, sorrows and frustrations which led to the formation of the Task Force, and the reasons behind each recommendation. We must all keep working to heed the "Call of Action" begun by this group of caring citizens, advocates, and public servants.

§ 23E. * Testimony by Witnesses with Mental Retardation; Alternative Procedures; Definitions.

(a) For the purposes of this section, the following words shall have the following meanings, unless the context clearly requires otherwise:–

"Witnesses with mental retardation", a witness in a proceeding whom the presiding justice has found after hearing, as provided in paragraph (1) of subsection (b), to have mental retardation.

"Mental retardation", substantial limitations in present functioning manifesting before age eighteen and characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work.

(b)(1) In any judicial proceeding in which a witness with mental retardation will testify, the court, on its own motion or on motion of the proponent of the witness with mental retardation and after hearing on the witness's competency to testify, may order the use of alternative procedures for taking testimony of the witness with mental retardation; provided, however, that the court finds at the time of the order, by clear and convincing evidence in the case of a criminal proceeding, and by a preponderance of the evidence in the case of a noncriminal proceeding, that the witness with mental retardation is likely, as a result of submitting to usual procedures for determining competency or as a result of testifying in open court, as the case may be, (i) to suffer severe psychological or emotional trauma; or (ii) to suffer a temporary loss of or regression in cognitive or behavioral functioning or communicative abilities, such that his ability to testify will be significantly impaired. If the court so finds, the court may order the use of alternative procedures for determining competency to testify or for taking testimony of the witness with mental retardation including, but not limited to, the following:

(i) permitting a person familiar to the witness, such as a family member, clinician, counselor, social worker or friend, to sit near or next to such witness;

(ii) permitting the witness with mental retardation to testify in court but off the witness stand; provided, however, that if the proceeding is a bench proceeding, testimony may be taken at another location within the courthouse but outside the courtroom; and, provided further, that if the proceeding is a jury trial, testimony may be taken on videotape out of the presence of the jury or in a location chosen by the court or by agreement of the parties; or

(iii) combining alternative procedures provided in clauses (i) and (ii).

(c) When the proceedings are not criminal or juvenile delinquency related, testimony taken by videotape pursuant to an order under paragraph (1) of subsection (b) shall be taken in the presence of the judge, counsel for all parties and such other persons as the court may allow. Counsel shall be given the opportunity to examine or cross-examine the witness with mental retardation to the same extent as he would be permitted if ordinary procedures had been followed.

(d) When the proceedings are criminal or juvenile delinquency related, the defendant shall have the right to be present during the taking of the testimony, to have an unobstructed view of the witness with mental retardation, and to have the witness's view of the defendant be unobstructed.

(e) If the court orders that the testimony of the witness with mental retardation be videotaped out of the presence of the jury, the videotape shall be shown in court to the jury in the presence of the judge, the parties and the parties' counsel. The videotape shall be marked as an exhibit and retained by the court as part of the record of the case.

(f) Testimony taken by alternative procedures authorized by this section shall be admissible as substantive evidence to the same extent as and in lieu of live testimony by the witness in any proceeding in which such testimony is taken.

(g) The witness requesting that testimony be taken by videotape shall bear the responsibility of producing an acceptable videotape of the testimony. The commonwealth shall reimburse such witness for reasonable costs of producing such videotape. Each party shall be afforded an opportunity to view the recording before it is shown in the courtroom.

(h) The fact that the witness with mental retardation has been found in a court proceeding to be incompetent to make informed decisions of a personal, medical or financial nature or that he is under a guardianship or conservatorship shall not preclude such witness from testifying if he is found to be competent to testify and shall not preclude a determination of competency to testify.

(i) A witness shall not be denied the benefit of appropriate alternative procedures provided by this section and the court shall allow such additional time or continuances to permit application of such procedures.

(j) A person with expertise in mental retardation may be called by the proponent of the witness to testify in all relevant matters, including the competency determination of such witness.

(k) Nothing in this section shall be construed to prohibit a court from using other appropriate means consistent with this section and any other general or special law and with the defendant's rights to accomplish the purposes of this section.

History—

Added by 1994, 352, § 1, approved Jan 13, 1995, effective April 13, 1995.

A nightmare of abuse is finally uncovered in Raynham

Brothers arraigned on charges of mistreating two mentally retarded men

By Judy Rakowsky and Kevin Cullen
GLOBE STAFF

RAYNHAM – They had been chained like dogs in the back yard, and sometimes forced to eat dog food from a dish while the dogs dined on "people" food. Their teeth were pulled from their heads with pliers. Their skin was sliced by knives, scalded by boiling water, scorched by a radiator.

Yet during the four years that police say Al and Tim, mentally retarded adults, were physically and sexually abused at the hands of the Simonton brothers who had taken them in, nobody intervened.

Oh, the neighbors say they tried. They called the state abuse hotline and mental health and mental retardation officials many times, but were told that nothing could be done without proof.

And yes, state officials did send a Department of Mental Retardation service coordinator down to look into the complaints a few years ago. She interviewed neighbors, both by phone and in person. She even visited the bungalow, although most of the time the Simontons wouldn't let her inside. Then at least one neighbor got a letter in the mail saying the case was closed for lack of evidence.

And the police? They were called to the house for isolated incidents, but never made any arrests – again, lack of evidence.

Then, one day, Tim ran away. He rode his bicycle all the way to Lebanon, N.H. He changed his hair color and grew a beard so the Simontons

RAYNHAM, Page B6

Continued from Page A1

wouldn't recognize him.

Somebody lodged another complaint with the DMR Jan. 21. The DMR notified police; around the same time, the next-door neighbors, Lisa and David Raymond, told them that Tim was missing.

On Thursday afternoon, police broke down the door of the bungalow.

They found Al, 59, – but looking 30 years older – soaking his grotesquely swollen leg in some fetid water in the bathroom. He was emaciated. His nose was broken, his leg swollen to twice its normal size, his torso a sickening quilt of bruises and scars.

Police found Tim, 27, in New Hampshire in recent weeks and began painstakingly putting together a tale of cruelty and degradation that almost defies description.

Al and Tim were already living in the bungalow with the peeling stucco walls when Lisa Raymond and her husband, David, moved in next door four years ago. The bungalow's mud yard was a dump – full of junk cars, an old mattress, bags of garbage and soiled clothes.

She learned later that Tim, 27, arrived at the Simontons' bungalow from New Orleans after his mother placed a personal ad looking for a northern mate and Karol Simonton answered it. Tim's mother traveled north; after two dates with Karol Simonton, she accepted his offer to take in her developmentally disabled son. But she returned to New Orleans.

No one in town knows how Al, 59, a gentle man who neighbors saw sleeping outside with the Simontons' many dogs in the summer, came to live in the bungalow.

But police found fake law enforcement badges and papers that indicated the Simontons posed as police chaplains, which was how they suspect the Simontons managed to lure Al and perhaps others into their home.

Neighbors also said they saw the Simontons dress in suits and travel to Boston regularly to panhandle on the streets. They also reportedly cashed Al and Tim's government disability checks.

Al and Tim, meanwhile, were forced outside on the coldest days in Raynham to walk more than a mile to a supermarket, pushing a shopping cart.

Lisa and David Raymond said they each had witnessed sexual abuse of both men from their windows and from the backyard. Karol Simonton continued to force Al to perform sexual acts even when Simonton was weakened by hernia surgery and was using a walker, they said.

GLOBE STAFF PHOTO / JOHN TLUMACKI

Harold Simonton is led out of the Raynham police station yesterday after he was arrested.

In the neighborhood and in area stores, proprietors and others slipped them food and tried to help, but were repelled by the stench of their unwashed clothes and bodies.

"It was pretty obvious to anyone along here what was going on," said Doug Currie, co-owner of an auto glass replacement shop. "What I wonder is why did it take so long for anyone to do anything about it?"

Al and Tim were regularly knocking on the Raymonds' door begging for aspirins, cigarettes and food or trying to peddle some mail-order item the Simontons had bought.

"You knew if they came home empty-handed they'd get beaten again," said Raymond.

Armed with Tim's story and a search warrant, police arrested Karol Simonton, 60, at the home he shared with his 57-year-old brother, Harold. Harold apparently took off for Boston, and ended up at the homeless shelter on Long Island. Shelter staff alerted police, and Boston officers arrested Harold there at 3:05 a.m. yesterday.

Police and neighbors say that Karol Simonton committed most of the sexual abuse, but Harold Simonton was the crueler of the two.

At separate arraignments yesterday in Taunton District Court, the Simontons were ordered to undergo psychiatric observation at Bridgewater State Hospital.

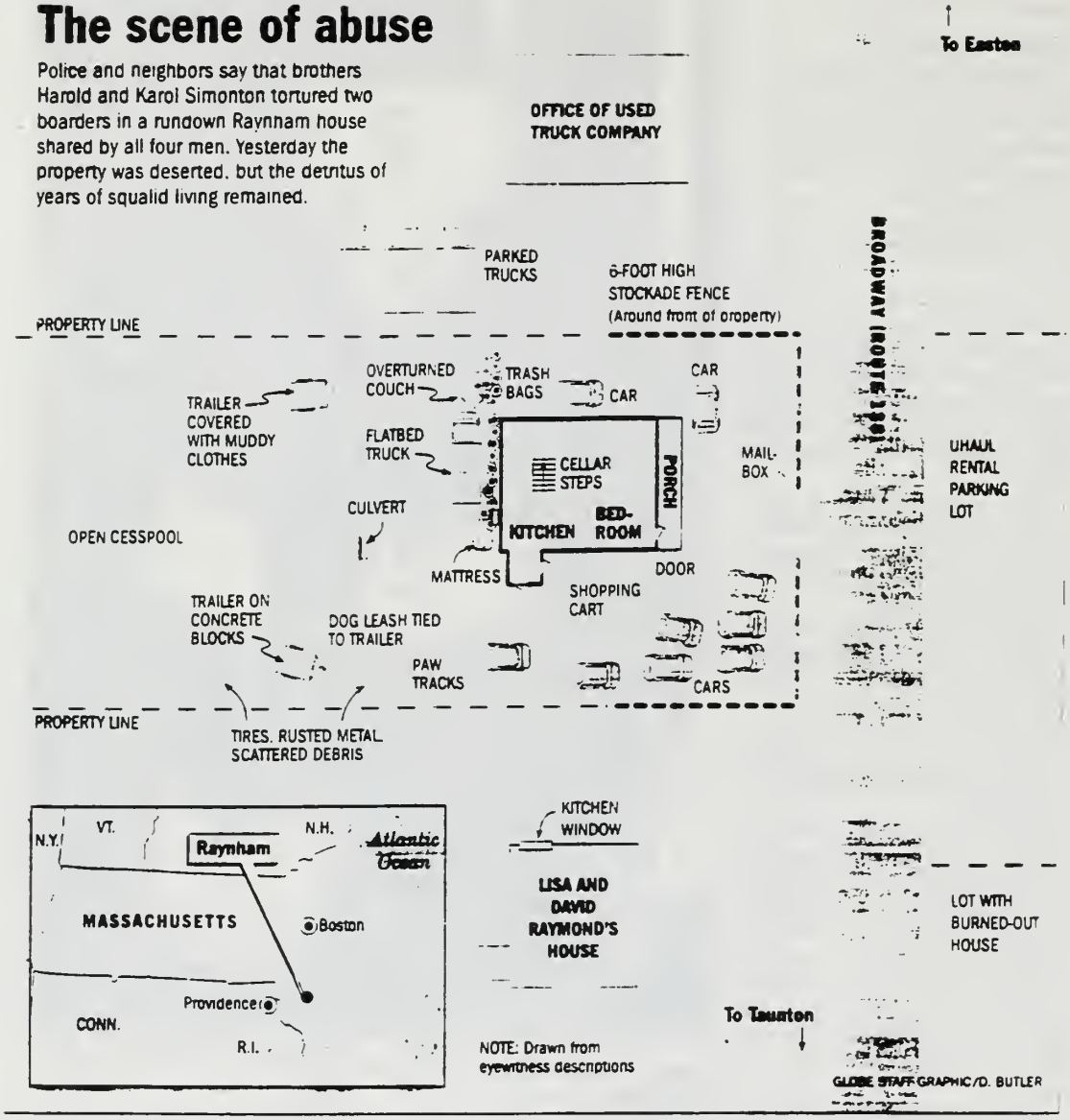
First came Karol Simonton's arraignment on charges of assault and larceny. Judge Andrew Dooley denied bail after hearing from Louis Roy, the court-appointed psychologist who interviewed the brothers.

Roy said Karol Simonton's "mental status appears to be compromised by a limited intellect." Roy said that Simonton "lapsed into periods of talking to himself right in the middle of a conversation," and suggested there are "questions regarding his competency."

Karol Simonton, a small man

The scene of abuse

Police and neighbors say that brothers Harold and Karol Simonton tortured two boarders in a rundown Raynham house shared by all four men. Yesterday the property was deserted, but the detritus of years of squalid living remained.



whose timid appearance seemed at odds with the charges leveled against him, told Roy he used to work as a building superintendent, but hadn't had a job in a decade. He said he had lived in the home on Route 138, also known as Broadway, for seven years with his brother, his son, Eugene, his son's girlfriend, and the couple's young child. Simonton said his wife died in 1977. He said he has contemplated suicide.

Simonton also gave hints that what went on inside his home was part of the well-worn cycle of abuse, telling Roy that he had been verbally abused by his father for years, and physically abused by his brother.

Next came Harold Simonton's arraignment. He seemed unfazed by the charges against him, laughing at one point. When asked if he wanted an attorney, he answered, "Please." Unshaven and unkempt, Simonton told Roy he was an eighth-grade dropout who got married when he was 15. He said his wife was killed when she was hit by a truck when she was 17, and that their son had died young, too.

Roy said Harold Simonton told him that he, too, was abused by his father, who was an alcoholic. Roy said Simonton told him that he's been an alcoholic since about the age of 13 and that he's been to "every detox center in Boston." He told Roy he drinks four quarts of port wine a day. He told Roy he was clinically depressed and had tried suicide several times.

"Harold sees things that aren't real, he hallucinates and he hears a voice that tells him to kill himself and cause harm to others," Roy told the court.

Neither of the victims, nor the suspects, apparently ever received mental health services, according to state officials. But other sources dispute that, saying that at least one of the victims had been under the care of a state caseworker.

The Simontons' house was not a state-run group home, and the Simontons were not under state contract to care for Al and Tim. If they had been, certain safeguards would have been in effect.

Several neighbors said they told a DMR caseworker about abuse, but that she said unless Al and Tim wanted to leave the house, there was nothing she could do. In fact, an employee of Currie Glass, a company down the street, received a form letter two weeks ago from DMR saying the case was being dismissed for lack of evidence.

When medics wheeled Al out of the bungalow on a stretcher Thursday afternoon, Lisa Raymond ran to his side and told him she was so proud of him.

He smiled up at her – the first smile she could ever remember seeing on his gaunt face – and he told her, "Thank you. God bless."

Globe correspondent James Duffy and staff reporter Don Aucoin contributed to this report.

Globe 2-22-97

The Commonwealth of Massachusetts
Disabled Persons Protection Commission
99 Bedford Street Room 200
Boston, Massachusetts 02111

WILLIAM F. WELD
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1-800-245-0062 V/TDD
FAX (617) 727-6469
HOTLINE 1-800-426-9009 V/TDD

ABUSE REPORTING HOTLINES

Generally speaking, professionals and caregivers are "mandated reporters," required by law to report when they know or suspect abuse of individuals in the following vulnerable populations.

Population	Telephone Hotline	Agency
Child-At-Risk (up to age 18)	**800-792-5200**	Dept. of Social Services 24 Farnsworth St. Boston MA 02110-1247 617-727-0900
Disabled Adult (age 18-59) Dependent on Caregiver	**800-426-9009**	Disabled Persons Protection Commission (DPPC) 99 Bedford St., Suite 200 Boston MA 02111-2217 617-727-6465
Elder Abuse (age 59 and up)	**800-922-2275**	Exec. Office of Elder Affairs One Ashburton Place Boston MA 02108 617-727-7750
Nursing homes and other long-term care facilities (all ages)	**800-462-5540**	Dept. of Public Health Div. of Health Care Quality 10 West St. Boston MA 02111 617-727-5860

DOMESTIC VIOLENCE RESOURCE HOTLINES

There is no mandated reporting of **Domestic Violence** perpetrated against adults not in the above populations. Persons experiencing domestic abuse are encourged to call police in an emergency and to seek help from either of these resource hotlines:

800-992-2600 (Massachusetts)
800-799-SAFE (national)

The front of the local phone book, under "Crisis," lists local Domestic Violence and Rape hotlines. Victims may also contact the local probate or district court for help through Chapter 209A, the Domestic Violence Abuse Prevention Act.

DISABILITY RESOURCES

*The following list is not comprehensive. There are many additional public and private agencies offering information, services, advocacy, etc. The Massachusetts Office for Victim Assistance is grateful to the Disability Law Center for providing many of the names listed here.**

General Information, Referral and Advocacy

Boston Self Help Center
18 Williston Road
Brookline, MA 02146
(617) 277-0080

D.E.A.F., Inc.
215 Brighton Avenue
Allston, MA 02134
(617) 254-4041

Mass. Coalition for Citizens with Disabilities
20 Park Plaza, #603
Boston, MA 02116
(617) 482-1336

Mass. Easter Seals Society
Park Plaza
1225 Statler Office Bldg.
Boston, MA 02116
(617) 482-3375

Massachusetts Office on Disability
One Ashburton Place
Boston, MA 02108
(617) 727-7440
(800) 322-2020

New England INDEX
Information on Disabilities Exchange
200 Trapelo Road
Waltham, MA 02154
(617) 642-0248 (V/TDD)
(617) 642-0122 (FAX)

Statewide Independent Living Council
27-43 Wormwood Street
Boston, MA 02210
(617) 204-3635

Major State Disability Service Agencies

Mass. Commission for the Blind
88 Kingston Street
Boston, MA 02111
(617) 727-5550
(800) 392-6556 TDD
(800) 392-6450 from toll points

Mass. Commission for the Deaf and Hard of Hearing
210 South Street, 5th Floor
Boston, MA 02111
(617) 695-7500 (Voice)
(617) 695-7600 (TTY)
(800) 882-1155 (TTY/V)
(617) 727-1543 (TDD)

Mass. Department of Mental Health
25 Staniford Street
Boston, MA 02114
(617) 727-5500

Mass. Department of Mental Retardation
160 North Washington Street
Boston, MA 02114
(617) 727-5608
(617) 727-9866 (TDD only)

Mass. Rehabilitation Commission
27-43 Wormwood Street
Boston, MA 02110
(617) 204-3600

Assistive and Adaptive Technologies

Adaptive Environments Center
374 Congress Street
Boston, MA 02110
(617) 695-1225

Mass. Assistive Technology Project
Children's Hospital, Gardner 529
300 Longwood Avenue
Boston, MA 02115
(617) 635-8380

Particular Populations or Disabilities

AIDS Action Committee of Mass.
131 Clarendon Street
Boston, MA 02116
(617) 437-6200

The Arc of Massachusetts
217 South Street
Waltham, MA 02154
(617) 891-6270
(mental retardation)

Alliance for the Mentally Ill of Mass
295 Devonshire Street
Boston, MA 02110
(617) 426-2299

Federation for Children with Special Needs
95 Berkeley Street, Ste. 104
Boston, MA 02116
(617) 482-2915

National Empowerment Center
20 Ballard Road
Lawrence, MA 01843
(800) POWER-2-U

Legal Information and Assistance

Center for Public Representation
22 Green Street
Northampton, MA 01060
(413)584-1644

Disability Law Center
11 Beacon Street, Ste. 925
Boston, MA 02108
(617) 723-8455
(800) 872-9992

Mental Health Legal Advisors Committee
294 Washington Street
Boston, MA 02109
(617) 338-2345

Enforcement

Architectural and Transportation Barriers Compliance Board
1331 F Street, NW, Suite 1000
Washington, DC 20004-1111
(202) 272-5434 (V/TDD)
(800) 872-2253 (V/TDD)
(800) 993-2822 (TTY)

Equal Employment Opportunity Commission
One Congress Street
Boston, MA 02114
(617) 565-3200

Mass. Architectural Access Board
One Ashburton Place, Room 1310
Boston, MA 02108
(617) 727-0660 (V/TDD)
(800) 828-7222 (V/TDD)

Mass. Commission Against Discrimination
One Ashburton Place, 6th Floor
Boston, MA 02108
(617) 727-3990
436 Dwight Street
Springfield, MA 01103
(413) 739-7525

Office of Fair Housing and Equal Opportunity
US Department of Housing and Urban Development
10 Causeway Street
Boston, MA 02222
(617) 565-5308

US Department of Justice
Civil Rights Division
Washington, DC 20035-6118
(202) 514-2000

**This list is an excerpt from the Disability Law Center's reprinted, updated version of Serving Women and Children with Disabilities: A Handbook for Battered Women's Service Providers. Call (617)723-8455 for information.*

WITH 9-1-1

SILENT CALL PROCESSING

THERE TRULY IS

SAFETY IN NUMBERS.

Police *Fire* *Ambulance*

Now, residents of Cape Cod* who call 9-1-1 can request emergency assistance without ever saying a word. So if you are unable to speak for any reason, we'll still be able to help you. With 9-1-1 silent call processing, callers can summon police, fire, or emergency medical services simply by pressing the appropriate number. This service is only available from Touch-Tone telephones or telephones in the Touch-Tone mode.

And as always, remember 9-1-1 calls are for emergencies only.

9-1-1 SILENT CALL PROCESSING

MASSACHUSETTS EMERGENCY 9·1·1 Police • Fire • EMS

E-39

*Excluding Martha's Vineyard and Nantucket residents at this time.

Board launches 'silent call 911' system for disabled

Pressed tones replace need to speak

By CYNTHIA McCORMICK
STAFF WRITER

HYANNIS – Cape Cod residents who cannot physically call out for help now have access to a "silent call 911" system.

Using their touch-tone phone, callers to 911 can now press 1 to summon police, 2 for fire and 3 for an ambulance.

State Sen. Henri Rauschenbach and the director of the Statewide Emergency Telecommunications Board are scheduled to visit the Hyannis offices of the Cape Organization for the Rights of the Disabled at 3 p.m. today to announce the new system.

Members of CORD fought to get the silent call system in place and publicized.

"Persons with disabilities who may not speak clearly, persons in medical emergencies without the power to speak, deaf persons who do not have the use of their voice or spoken language, domestic violence victims – all these and more will have that added security," said Tom Driscoll, director of CORD's Peer Assistance Technology Program.

Driscoll, who is deaf, communicated over the phone through a TTY operator.

But he said a TTY operator is not always available in an emergency.

"When I am out in my car I am basically unattached from the world. I have to stop and find a TTY, and that is not yet easy in this world," Driscoll said. "So, for example, if I am walking down the street in Boston or Hyannis and see a fire, I can race to a public phone and make a call that may save lives that I could not do before. My safety in my home is enhanced."

Driscoll said he hopes every child in school will be taught how to dial 911 1-2-3 the same way they are taught to "stop, drop and roll" in a fire.

Driscoll said it took a while for the SETB to get the system going on Cape Cod, and he said he is disappointed the agency is not making the silent call a statewide education campaign.

"The truth is, most of the state also has this capability," he said. "But SETB has hedged to announce it for some reason. We hope tomorrow is a catalyst for others to get the heat on and have pressure on the state to publicly announce this life-saving feature statewide."

Bob Watkinson, SETB executive director, said towns need to ha the enhanced 911 system, in whi a caller's address and phone nu ber are displayed on the dispatc er's screen, for the silent call 911 work.

At this time, the system is wor ing on Cape Cod but not Martha Vineyard or Nantucket, Watkinso said. He said all the dispatchers the area have been trained in t silent call system.

With the enhanced 911 systen dispatchers receiving a silent ca can ask callers further question and have the callers press number to verify the information, Watkir son said.

The silent call system has draw support from advocates for ba tered women as well as advocate for people with disabilities. woman who works at Indepen dence House has said it allows women and children to call with out drawing attention t themselves.

The system was developed b Jean Service of Falmouth, wh died this sum.mer, and Jean's son Matthew Service.

Rauschenbach said the silen call 911 should give people wit disabilities peace of mind. "There' no doubt the disabled deserve a much access to emergency ser vices as those without a disablity, he said.

Workshop F

Hitting Home: A Dramatic Presentation and Panel Discussion

Hitting Home: A Dramatic Presentation and Panel Discussion

Moderators: Alyssa Kazin and Marilee Kenney Hunt, MOVA

Actors:	Sean Baptiste	Michael
	Brittany Campbell	Julie
	Maureen Daley	Mom
	Elizabeth Duff	Mom, Therapist
	Anna Flynn	Angela
	Dennis Flynn	Frank
	Jenni Horwath	Rebecca
	Tim Jackson	Disc Jockey, Rebecca's Dad
	Tovah Kinderlehrer	Taylor
	Teddy Speck	Todd
	John Stucky	Eric
Production:	Bonnie-Jean Wilbur	Director
	Hilary McCann	Stage Manager
	Tom Eaton	Designer/ Tech Director
	Molly Flynn	Tech Assistant/ Understudy

Panelists:

Suzanne Dubus, Author, Hitting Home
Women's Crisis Center of Greater Newburyport
24 Pleasant Street
Newburyport, MA 01950
Phone: (508) 465-2155

Doug Gaudette, Program Manager
Family Violence Intervention, Research & Training Program
Holy Family Hospital
70 East Street
Methuen, MA 01844
Phone: (508) 687-0151 ext. 4233

Crystal Jackson, Domestic Violence Specialist
Department of Social Services
Boston Regional Office
Phone: 1-800-225-0256 Pin# 331261

Karen Wilk, Program Coordinator
Essex County District Attorney's Office
One Museum Place
Salem, MA 01970
Phone: (508) 745-6610 ext 134

MOVA would like to thank the Women's Crisis Center of Greater Newburyport for arranging today's performance of Hitting Home.

REMEMBER:

- Violence is never justified for any reason.
- If you have experienced violence it is not your fault.
- In a dating relationship, the person who commits the violence is the one with the problem.
- You do not have to stay in a relationship that is violent.
- **You are not alone.**

F-3

The Women's Crisis Center's mission is to help women, teenagers and children flee abusive relationships We believe that education is an important component

The Women's Crisis Center is a 501(c)(3) and donations are tax deductible

For more information about Hitting Home, call our Outreach Team Leader at (508) 465-2155

Domestic Violence 24 Hour Hotline
(508) 465-2155

Teentalk (Toll Free)
(888) 465-0002

The Women's Crisis Center of Greater Newburyport
24 Pleasant Street
Newburyport, MA 01950

The Women's Crisis Center of Greater Newburyport

PRESENTS

Hitting Home

is a stark, realistic portrayal of abusive teenage relationships

Performed by high school students with rock music and strong visual images, Hitting Home deals frankly with the issues of dating violence, sexism, domestic violence, self-esteem and personal responsibility

Dating Violence *can be described as a pattern of repeated or threatened physical, sexual or verbal abuse by one member of a dating couple. Dating violence often escalates from verbal harassment to controlling behaviors and eventually physical violence.*

Hitting Home is the story of Eric, a high school senior, who learns about love, violence and relationships through a series of painful events that *"hit home"* Not until his sister is date raped by his best friend is Eric able to understand how closely this event relates to his own sexism and abusive behavior toward his girlfriend The conflict is deepened when he watches helplessly as his father abuses his mother and he is left to wonder about the real nature of love and respect

The causes and prevalence of date rape, family violence, and dating violence unfold through a series of vignettes, and the connections between sexism and the media is eerily conveyed through a hip, fast-talking late night deejay who ultimately offers the hope of the play

STATISTICS

- **One in four teens will experience violence in their relationships.**
- **According to the FBI, 30 percent of women murdered are killed by their husbands or boyfriends.**
- **More than half (57%) of the restraining orders issued against teenagers in Massachusetts are concerning a dating relationship.**
- **Battered girls grow up to be battered women – 60% of battered wives say the violence started before marriage in their high school dating relationships and never stopped.**
- **Over 70% of pregnant or parenting teens are beaten by their boyfriends.**
- **A study of Massachusetts female homicide victims found that among victims aged 15 - 19, 30% were killed by their husbands or boyfriends. This is the same percentage that applies to adult women, which underscores the importance of identifying and addressing battering in the adolescent population**

Since 1992, ***Hitting Home*** has been shown to over 13,000 students at 25 high schools, colleges and several conferences All of the actors and production staff have been trained in the issues addressed in the play After the seventy-minute play is over, the cast and crew sit on the edge of the stage and take questions from the audience

In addition, we have a teachers curriculum available so that there can be follow up about the themes discussed in the play

We also provide brochures to the student body and direct them to local hotline numbers in case a student needs more information

After seeing ***Hitting Home*** students said:

"I feel that I am more aware of the dangers and effects from abuse and violence. I feel that I'll know how to deal with these dangers if and when I am confronted by them."

– Junior at Pingree High School

"...made me realize that I'm not the only person this can happen to."

– Sophomore at
Masconomet High School

"...he said that if I did not go out with him then he would rape me if he had to. I continued to tell him that I wanted nothing to do with him."

– excerpt from an affidavit against a 14 year old defendant

STATISITCS

- One in four teens will experience violence in their relationships.
- The majority of teenage batterers (87%) are 16 and 17 years of age.
- More than half (57%) of the restraining orders issued against teenagers in Massachusetts concern a dating relationship.
- Battered girls grow up to be battered women – 60% of battered wives say the violence started while in high school and never stopped.
- Over 70% of pregnant or parenting teens are beaten by their boyfriends.
- A study of Massachusetts female homicide victims found that among victims aged 15 - 19, 30% were killed by their husbands or boyfriends.
- 63% of boys under the age of 18 who are in prison for murder are jailed because they killed their mother's abuser.
- In self-reported data, 35% of adolescents mention at least knowing someone who experienced physical violence in a dating relationship.

F-5

For more information about

RED TIDE

contact the Women's Crisis Center
of Greater Newburyport
(508) 465-2155

Domestic Violence 24 Hour Hotline
(508) 465-2155

Teentalk (Toll Free)
1 (888) 465-0002

The Women's Crisis Center
of Greater Newburyport
24 Pleasant Street
Newburyport, MA 01950

The Women's Crisis Center of Greater Newburyport

PRESENTS

A short play focusing on dating relationships from the perspective of four adolescent males that deals frankly with the issues of dating violence, sexism, self-esteem and personal responsibility

Written by Suzanne C. Dubus

Sponsored by the
Department of Education,
Salisbury Police Department,
ESCAPE,
Partnership for Peace,
and New England Biolabs

United Way
of Merrimack Valley

Dating Violence can be described as a pattern of repeated or threatened physical, sexual or verbal abuse by one member of a dating couple. Dating violence often escalates from verbal harassment to controlling behaviors and eventually physical violence.

According to the Office of the Commissioner of Probation, over 1100 adolescents in Massachusetts annually commit domestic abuse. This number is only representative of reported cases.

Photos by Nathalie Salitkoff

RED TIDE is the story of Paul, a high school student who struggles with the issues of dating violence, sexism and personal responsibility. Paul introduces us to the other characters in the play: Scott, Russell and Owen. The tension builds as we listen to each of them talk about their girlfriends and the expectations and beliefs they have about relationships.

Red Tide graphically portrays the dangerous patterns and warning signs of abusive relationships. The play appeals to a wide range of audiences.

Since its debut in December, 1996, we have received numerous requests for our presentation of ***Red Tide.***

In addition to the show, the Women's Crisis Center provides a teacher's curriculum and local hotline numbers for students who would like more information.

The Women's Crisis Center's mission is to help women, teenagers and children free themselves from abusive relationships. We believe that education is an important component in that effort.

REMEMBER:

- Violence is never justified for any reason.
- If you have experienced violence it is not your fault.
- In any relationship, the person who commits the violence is the one with the problem.
- You do not have to stay in a relationship that is violent.
- **You are not alone.**

"If I can get through to one guy, I could help the eight to ten women he will date."

– Graham,
Red Tide Cast Member

"Finally, he held the knife to his wrist and I jumped in the car and started to leave. He sat on the trunk, but I kept driving and he showed me his bloody wrist. This is the third time he pulls out a knife in my presence and threatens to kill himself."

– excerpts from an affidavit of the girlfriend of a 17 year old defendant

THE COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE
DISTRICT ATTORNEY FOR THE EASTERN DISTRICT

KEVIN M. BURKE
District Attorney

PARTNERSHIPS FOR VIOLENCE PREVENTION

Tel: (508) 745-6610
Fax: (508) 741-4971

Museum Place, One East India Square, Salem, Massachusetts 01970

WHAT CAN SCHOOLS DO TO RESPOND?

CRIMINAL ISSUES PERTAINING TO TEEN DATING VIOLENCE AND CONSIDERATIONS FOR SCHOOL POLICY DEVELOPMENT

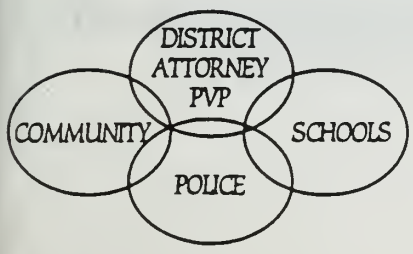
With the alarming statistics indicating that dating violence affects at least 1 in 10 teen relationships it is becoming paramount that schools develop policies to respond to the increase and severity of interpersonal violence. Policies need to address methods to increase awareness of the issues for both students and staff, and to give the clear message to students, staff, and the community that violence will not be tolerated. The development of policies and procedures will help create a school climate that is supportive, respectful. and committed to providing a safe environment conducive for learning. The following information was prepared in the spirit of such efforts promoting violence prevention and intervention. Additionally, the development of a multidisciplinary approach including the police, courts and community should be considered to best address these issues in a coordinated manner.

WHAT ARE COMMON CRIMES THAT MAY BE COMMITTED BETWEEN STUDENTS?

ASSAULT (M.G.L. ch.265, §13A)
is an attempt or offer to do bodily injury by force or violence or an attempt to batter.

ASSAULT AND BATTERY (M.G.L. ch. 265, §13A)
is a harmful or unpermitted touching of another, no matter how slight, without a legal right to do so.

ASSAULT AND BATTERY BY MEANS OF A DANGEROUS WEAPON
(M.G.L. ch. 265, §15)
is a battery with a dangerous weapon. A DANGEROUS WEAPON is an item which is used in a way that is capable of causing serious injury or death to another person. Examples can include a pencil aimed at one's eye, a cigarette used to burn someone, a baseball bat, a pair of scissors, and even a shod foot.



ZERO Tolerance For Violence In Schools, Homes And Communities

THREATS (M.G.L. ch. 275, §4)

it is illegal to make verbal or written threats which a victim reasonably believes the defendant can commit.

STALKING (M.G.L. ch. 265, §43(a))

is the willful, malicious and repeated following or harassing of an individual AND making threats with intent to place that person in imminent fear of death or serious bodily injury.

STALKING IS A CRIME THAT THE SCHOOL MUST REPORT TO THE POLICE.

WHAT SHOULD SCHOOL PERSONNEL DO IF ANY OF THE ABOVE CRIMES ARE COMMITTED IN SCHOOLS?

School policies should address the consequences, including suspension and/or expulsion for any known criminal activity. Policies should include the steps for disciplinary action, recommended interventions, plans for assuring the victim's safety, and protocols for notifying administrators, parents and police.

WHAT ARE CONSIDERED SEXUAL OFFENSES?

INDECENT ASSAULT AND BATTERY ON A CHILD UNDER 14
(M.G.L. ch. 265, §13B)

is an intentional, offensive indecent touching of a child under the age of fourteen. Consent is not a defense to the touching.

INDECENT ASSAULT AND BATTERY (M.G.L. ch. 265, §13H)

is an intentional, offensive touching of a person fourteen years of age or older, without their consent.

NOTE: An indecent touching is an offensive touching of the breast, abdomen, buttocks, thighs, or genital area, portions of the anatomy considered to be "private."

RAPE OF A CHILD UNDER THE AGE OF SIXTEEN
(Statutory Rape", M.G.L. ch. 25, §23)

is the unlawful sexual intercourse or unnatural sexual intercourse with a child under sixteen years of age. A child under the age of sixteen is incapable, as a matter of the law, to consent to sexual intercourse, unless married to their partner.

RAPE OF A CHILD UNDER SIXTEEN BY FORCE OR THREAT
(M.G.L. ch. 265, §22A)

is the unlawful sexual intercourse or unnatural sexual intercourse with a child under the age of sixteen with the use of force or threats. It is the use of force or threats which distinguishes this crime from "statutory" rape.

RAPE (M.G.L. ch. 265, §22)
is sexual intercourse or unnatural sexual intercourse committed against one's will with the use of force or the threat of bodily injury. Rape includes penetration into any bodily orifice (mouth, anus or vagina by a penis, finger, tongue or any other object.)

WHAT SHOULD SCHOOL PERSONNEL DO WHEN THEY DISCOVER A CRIME INVOLVING SEXUAL ABUSE HAS BEEN COMMITTED?

School personnel are *MANDATED REPORTERS* in accordance with M.G.L. ch.119, §51A, and therefore must report cases of sexual abuse, including rape and indecent assault and battery involving students under the age of eighteen.

WHAT DOES THE LAW MANDATE?

The law mandates that school personnel, including administrators, teachers, and counselors who HAVE REASONABLE CAUSE TO BELIEVE THAT A CHILD UNDER THE AGE OF 18 IS SUFFERING SERIOUS PHYSICAL OR EMOTIONAL ABUSE/NEGLECT INFLICTED UPON HIM/HER INCLUDING SEXUAL ABUSE MUST IMMEDIATELY REPORT SUCH INCIDENT(S) to the Department of Social Services.

The law does not ask the mandated reporter to assess whether the perpetrator was in a caretaking role. Rather, it requires the mandated reporter to file a 51A report WHENEVER THERE IS REASONABLE CAUSE to believe a child under the age of eighteen is suffering from abuse/neglect. The verbal (phone) report must be made immediately, followed by a written report within 48 hours. A staff member as a Mandated Reporter, of a public or private school must immediately notify the designated person in charge or responsible for receiving such information. That person than becomes responsible for filing the report. FAILURE TO COMPLY with the statute may result in a fine of $1,000.00. *Mandated Reporters are not liable in any civil or criminal actions by filing a report.

NOTE: It is recommended that school systems develop and implement policies and procedures to
- address the issues of sexual abuse including
- procedures for filing 51A reports in compliance with the Reporting Law;
- procedures for informing administrators, police and parents about sexual assaults; and
- policies for dealing with victims and perpetrators of sexual assaults.

INTERVENTION FOR ABUSIVE RELATIONSHIPS

WHAT IS A 209A (Restraining Order)?

THE ABUSE PREVENTION ACT (M.G.L. ch. 209A)
is the statue often referred to as a "Restraining Order;" it provides protection from abuse.

ABUSE IS DEFINED BY THE OCCURRENCE OF ONE OR MORE OF THE FOLLOWING:

- attempting to cause or causing physical harm;
- placing another in fear of imminent serious physical harm;
- causing another to engage involuntarily in sexual relations by force, threat or duress.

NOTE: EACH OF THE ABOVE ACTIONS CAN BE CONSIDERED ASSAULTIVE CRIMINAL OFFENSES INDEPENDENT OF AN ACTUAL RESTRAINING ORDER. (Refer to previously described crimes.)

WHO CAN APPLY FOR A RESTRAINING ORDER?

THE STATUTE APPLIES TO INDIVIDUALS WHO:

- are or have been in a substantial dating relationship;
- are or were residing together in the same household (including gay and lesbian relationships, roommates, couples living together, parents and children);
- are related by blood, related by marriage or were related by marriage; or,.
- are or were married to each other.

WHAT DOES A 209A DO?

Issued by a judge through the courts, a 209A Order places additional limits on the interactions between two parties for protection from further abuse.

WHAT LIMITS CAN BE IMPOSED BY THE COURTS?

A 209A ORDER MAY INCLUDE:

- an order that the defendant refrain from abusing, hurting or harassing the plaintiff in any way, verbally or physically;
- an order that the defendant stay away from the victim at home, work, school or any other place the victim may be (this may include staying away from places the plaintiff's child may be);
- an order that the defendant vacate the household (regardless of who holds the title to the house);
- an order for the defendant to surrender guns, firearm license or identification
- an order for temporary custody and/or support for minor children;
- an order for monetary awards for personal damages, out-of-pocket expenses for changing locks, repair of personal property, etc...;
- an order for a police escort to collect belongings, an order for the batterer to turn over keys or car;
- an order that the victim's address be kept confidential for protection (IT IS IMPORTANT THAT THE VICTIM'S ADDRESS NOT APPEAR ON ANY DOCUMENT TO WHICH THE DEFENDANT HAS ACCESS.); and,
- the judge can recommend that the defendant attend a recognized batterer's treatment program.

HOW DO 209A ORDERS GET ISSUED?

209A ORDERS MAY BE ISSUED BY ANY TRIAL COURT IN MASSACHUSETTS
(including all Probate and Family, District and Superior Courts.)

The district court location for the issuance of an order must be:

- either the court covering the victim's residence where the abuse occurred, or
- the district court for the victim's new address if s/he relocates to avoid further abuse.

IT IS ESSENTIAL THAT THE ORDER BE ISSUED BY THE PROPER COURT.

WHAT HAPPENS IF AN ORDER IS VIOLATED?

VIOLATION OF A 209A ORDER IS A CRIMINAL OFFENSE. It is critical that the victim's safety be considered at all times. As long as the 209A is in effect on the given day, a copy of the certified order is on record, and it is believed that a violation has occurred, the police should be notified. A violation is considered to be the abuser's non compliance of the limits, restrictions or demands of what is written on the 209A order.

WHAT CAN A SCHOOL SYSTEM DO TO HELP PROTECT A STUDENT WHO HAS TAKEN OUT A RESTRAINING ORDER?

Staff and student awareness of dating violence issues are increased through training, policy development and implementation. It is hoped that all students will have an understanding of the school's sensitivity and commitment to insure safety for students who have obtained a restraining order through the court, through the utilization of safety plans and development of protective measures in school. School systems may want to develop their policies in collaboration with the police, courts, shelter legal advocates and the D.A.'s office. With this in mind, students should be encouraged and feel comfortable in approaching administrators to assist them in the process, so that the appropriate actions and safety planning will occur.

ONCE THE SCHOOL IS NOTIFIED OF A STUDENT'S RESTRAINING ORDER:

- The school administrator may want to hold SEPARATE meetings with each student and his/her family to gather any information, review the order and the implications.

Included as a part of this meeting should also be an agreement as to who this information will be shared with.

- A "Safety Plan" should be worked out to address the victim's needs, including "safety stops," staff to report to if concerns arise or a violation occurs, and any schedule changes that may be considered. This meeting should include a discussion of guidelines for appropriate behavior of the victim, such as not making comments to others which may inflame the situation.

- With the named defendant, it is important to review the terms of the order, expectations around appropriate behavior, and the consequences for violation of the order.
- When possible it is important to address and make schedule changes to avoid face-to-face contact. When schedule changes are not possible, guidelines should be established around expected behavior.

WHAT GUIDELINES SHOULD BE CONSIDERED?

- It is important to establish clear guidelines around expected behavior in compliance with the issued order, for the benefit and safety of all parties. These could include: delineation of space between parties (feet, yardage, routes to classes), class or schedule changes. Giving a clear message that there be no exchange (verbal or non-verbal, threatening or non-threatening) of comments, notes, gifts, gestures is critical. This also includes no exchange of messages, notes, gifts through a third party friend, student or staff member.

  NOTE: Given the reality of the close proximity within the school setting and / or the possibility of both students needing to remain in the same class, the order may need to be amended to reflect clear guidelines around contact in such instances.

- IT IS IMPORTANT TO UNDERSTAND THAT THE ONUS OF THE RESTRAINING ORDER IS ON THE DEFENDANT. A VICTIM CANNOT VIOLATE THE RESTRAINING ORDER, THOUGH REALISTICALLY, REASONABLE BEHAVIOR AND COOPERATION IS REQUIRED BY BOTH PARTIES.

WHAT SHOULD HAPPEN IF IT APPEARS THAT THE ORDER IS BEING VIOLATED?

- VIOLATION OF A RESTRAINING ORDER IS A CRIMINAL OFFENSE AND SHOULD BE TREATED SO, BY REPORTING IT TO THE PROPER AUTHORITIES. (Schools may want to develop their own internal reporting mechanism, but ultimately the violation must be reported to the police.)

  NOTE: It is important that the school support the victim in reporting any violations that have been witnessed or reported. The school does not need to be the judge as to the violation, but should report the violation to the proper authorities for their determination of the necessary action to be taken.

RESTRAINING ORDER SCHOOL CHECKLIST

Restraining Order issued on behalf of (see attached copy of filed restraining order)

Student Name _____ Grade _____ H.R. _____

** Class Schedule *(copies of schedules attached for both victim and defendant)*

Defendant's Name _____ Grade _____ H.R. _____

(If defendant does not attend the same school, note school attends, attach picture, description, car make, license plate #, trespassing letter sent...)

Are There Any Schedule Conflicts?

Class Changes To Be Made? (Please make sure updated schedule is attached)

Meeting Date (s) NOTE: *School Administrator must hold separate meetings with the victim and defendant.*

With Victim _____ With Defendant _____

With Parents of Victim _____ With Parents of Defendant _____

REVIEW MEETING DATE(S)

_____ _____ _____

_____ _____

SCHOOL ADMINISTRATOR SIGNATURE Date

NOTE: *The onus of the restraining order is on the defendant. A victim cannot violate the restraining order, though realistically, reasonable behavior and cooperation is expected by BOTH PARTIES.*

VIOLATION OF A RESTRAINING ORDER IS A CRIMINAL OFFENSE AND ANY VIOLATIONS SHOULD BE IMMEDIATELY REPORTED TO THE POLICE.

TEEN SAFETY PLAN

This safety plan should be considered whether or not a Restraining Order has been issued by the court.

Student Name _____ Grade _____ H.R. _____

Administrative Staff _____

(Designated administrative staff responsible for schedule changes and assessing whether or not this plan is working /or other changes need to be made)

Safety Plan to Include The Following:

Any Schedule Changes Made (*attach revised schedule*):

_____

_____

_____

_____

School Arrival (*change in time, entrance, transportation, with whom, etc...*)

_____

_____

Locker

_____

_____

Lunch

_____

_____

Route Changes *(include places to avoid/watch for...)*

_____

_____

VIOLATION OF A RESTRAINING ORDER IS A CRIMINAL OFFENSE AND ANY VIOLATIONS SHOULD BE IMMEDIATELY REPORTED TO THE POLICE.

School Departure (*time, entrance, designated friend, etc...*)

_____

_____

_____

STAFF: *Designate one staff person with whom student feels comfortable. This staff person should be available for student for "check-ins" and support as needed.*

Support Staff _____

Additional Staff to Share Plan With: (*Administrators, Teachers, Guidance*)

_____ _____

_____ _____

_____ _____

Support Network of Peers: (*to accompany student through the day* if necessary)

_____ _____ _____

Strategies To Problem Solve:

_____

_____

_____

_____

Any Additional Special Conditions:

Are there other extracurricular school activities / events which present conflicts? How are they to be addressed?

_____

_____

_____

_____

Potential Problems/Problems Areas: (*Consider strategies to assess dangerousness/threats..*)

_____

_____

_____

_____

NOTE: ***The onus of the restraining order is on the defendant. A victim cannot violate the restraining order, though realistically, reasonable behavior and cooperation is expected by BOTH PARTIES.***

VIOLATION OF A RESTRAINING ORDER IS A CRIMINAL OFFENSE AND ANY VIOLATIONS SHOULD BE IMMEDIATELY REPORTED TO THE POLICE.

Workshop G

Homicide Survivors: Journeys to Recovery

Homicide Survivors: Journeys to Recovery

Moderator:

Bette Spear
Executive Director
OMEGA
34 Heath Street
Somerville, MA 02145
(617) 776-6369

Panelist:

Lynn Thomas
OMEGA
34 Heath Street
Somerville, MA 02145
(617) 776-6369

John Taylor
Living After Murder Program
435 Warren Street
Roxbury, MA 02119
(617) 442-7400

Helane Smith
OMEGA
34 Heath Street
Somerville, MA 02145
(617) 776-6369

Todd McKie
OMEGA
34 Heath Street
Somerville, MA 02145
(617) 776-6369

A Special thanks to the Board of OMEGA for organizing this workshop.

Coordinator **Maureen Brown, MOVA**

OMEGA Mission Statement

OMEGA offers continuing support for those experiencing devastating loss from a sudden and traumatic death such as homicide, suicide, vehicular homicide, accident, disaster or death from natural causes. Our purpose is to assist survivors through their grief as they resume healthy, meaningful lives.

OMEGA Philosophy

We at OMEGA believe that grief and reaction to traumatic loss is a natural process that has its own rhythm and cycle. We believe that each one of us has the internal resources to heal, adapt, grow and know what we need in the process of doing each of these.

OMEGA offers a safe place to share concerns and feelings, connect with others who have had a similar experience, and learn to cope and live in the aftermath of sudden and traumatic death.

OMEGA provides...

- Facilitated Groups
- Individual Counseling and Therapy
- Professional Consultation
- Specialized Substance Abuse Counseling
- Crisis Intervention for Organizations
- Training

Benefits of OMEGA

- An exclusive focus on traumatic loss and homicide.
- A successful track record since its inception in 1978.
- A unique and effective model for healing from grief.
- Expert facilitators in the field who are also available to provide training to other professionals.

OMEGA

OMEGA is a non-profit organization established in 1978, and offers grief services specializing in traumatic loss and homicide.

Homicide Bereavement Services are funded, in part, by the Victims of Crime Act of 1984 and administered through the Massachusetts Office for Victim Assistance. All other services are funded by grants, donations and fees for services.

OMEGA extends its appreciation to the Greater Lawrence Mental Health Center, CASCAP, Inc. and South Shore YMCA for additional assistance.

Executive Director: Bette Spear
Associate Director: Evelyn Gladu

O M E G A

EMOTIONAL SUPPORT SERVICES

G3

34 HEATH STREET
SOMERVILLE, MA
02145

617 776-6369

Bereavement

Traumatic Loss Bereavement

When a loved one dies a sudden or traumatic death, there is literally "no time to say goodbye." A traumatic loss carries with it circumstances which give survivors different challenges to meet than a loss that is anticipated. Often, too, there are post-trauma symptoms which need to be addressed in order to allow a more vulnerable place of grief.

Traumatic loss bereavement is any sudden death, including vehicular, accidental, disaster or natural causes.

Homicide Bereavement

While death by homicide is a traumatic loss, the intentionality of the act leaves its own devastation. Survivors must learn to cope with new realities: fears and insecurities, the criminal justice system, a sense that the death or loss is not one's own to mourn in private.

The reactions of survivors may be further complicated by the response of others—silence, aversion or unwanted public attention. The toll of homicide loss can create an immense strain on the resources of survivors.

Services for Survivors

Groups

While there is no way to take away the pain of loss, the sharing of mutual concerns serves to lessen the isolation of carrying it alone. OMEGA groups are designed to allow for mutual sharing of feelings and concerns of participants as they journey through the process of grief.

Groups provide a structure for discussion and learning healthy ways to live in the aftermath of traumatic loss. Meetings are run by two professional facilitators and are structured to offer support and safety.

All groups—Traumatic Loss Groups and Homicide Bereavement Groups—meet in Eastern Massachusetts.

Individual Sessions

In the early weeks following loss, a survivor may want support and guidance, yet not feel comfortable in a group setting. Individual sessions can be scheduled with a professional bereavement counselor specializing in traumatic loss.

Sessions may focus on understanding the normalcy of one's reactions, assessing supports and resources, and/or preparing for participation in a group setting.

Services for Professionals

Consultation

OMEGA's professional staff consult with therapists, counselors, physicians, school guidance personnel, teachers, E.A.P. professionals, etc., on the process of grief, what to expect, and how to be helpful. Consultations can be held for individuals or for a group.

Training

OMEGA will design trainings on the process of grief and traumatic loss, the skills of listening and facilitating groups as well as special related topics. Training is designed to fit individual need in both content and length.

G4

For further information call OMEGA at (617) 776-6369.

When a child is murdered

ALVIN F. POUSSAINT and THOMAS J. COTTLE

With more than 20,000 homicides in America a year, thousands of families share a fate similar to what the Cosby family has endured. But Bill Cosby's enormous popularity has made the horrible death of his son a national, as well as a personal, tragedy.

As killings abound and this celebrity family grieves its loss, parents everywhere are reminded of their powerlessness to protect their children from senseless slaughter.

From the start, the safety of our offspring is uppermost in the minds of parents. Even those of high station in so-called safe neighborhoods cannot escape the tragedy of random violence. We never are prepared to admit that our children are at risk of being murdered. Nor do we wish to frighten our children by making them hypervigilant about the possibility that someday, even as grown-ups, they can become a murder statistic.

So when children cry out in the night for fear of monsters entering their room, professionals advise parents to say that nothing will harm them because we simply won't let it happen. When we speak these words, children believe them with all their heart. And in that moment, so do we, the parents.

We ignore the underlying theme of this childhood fear: that they will be killed. Just as this thought terrifies children, it terrifies us. So we assure our children and ourselves that we will keep them safe, no matter what. And we live with a fantasy that even when our most cherished possessions grow up, we can protect them from the monsters of the night.

When a child is murdered, that fantasy is shattered.

Bill Cosby is beloved by millions of people. His humor, laughter, and warmth have made it easier for all of us to endure life's vicissitudes. Although we would like to make this tragedy easier for him and his family, the murder of a child leaves wounds that are difficult to heal.

When a child is murdered, we call up words like "sociopath" and try to make sense of the event. But, in fact, the murder of a child has no meaning. Human reasoning fails to explain or soothe. If a child dies from a terminal illness or fatal accident, it is easier to accept the death as a tragic but natural part of life.

Grief following any death can last a lifetime. But grief following murder is more complicated. The faith in the safety and security of the world is destroyed. Will the Cosbys ever feel safe again in a world in which their beloved son was murdered? As they begin to heal, will they regain their faith in humanity?

Without warning, without a stitch of psychological protection in place, a single act explodes the human heart and leaves us stunned with grief and rage and feeling powerless. Like no other manner of death, homicide leaves survivors feeling profoundly violated. This pain slowly dissipates, but the sense of violation never disappears. Now the parents are cynical in the night and no one can soothe us.

Human reasoning fails to explain or soothe.

Grieving families experience numbness, sadness, and despair, which accompany any loss, but the families of murder victims also experience deep feelings of rage and bitterness that may linger throughout their lives. If the killer is caught, prosecuted and jailed, it provides some resolution of the rage. But even if justice is done, the loss remains.

Their anguish is so wrenching that survivors must allow themselves to lean on friends, talk out their pain and share remembrances. While there is good reason to protect survivors' privacy when they are so vulnerable, the families of murder victims must not isolate themselves with unnecessary stoicism.

At this moment, the Cosbys are facing the enormity of their loss: the child no longer calls, no longer appears. Grieving families hold their children in their memories and in their hearts but no longer can hold them in their arms.

The Cosbys are starting to get on with their lives, and we must allow them to do so. Part of their recovery will be to return to their routines.

We must allow Bill Cosby to be the gifted comedian that he is. Together with the Cosbys, we will continue living and eventually learn to laugh again.

Alvin F. Poussaint, a clinical professor of psychiatry at Harvard Medical School, was a script consultant for "The Cosby Show." Thomas J. Cottle was professor of education at Boston University. This article first appeared in the Los Angeles Times.

To the Editor:

Thank you for the Op-Ed column, "When a child is murdered," by Alvin Poussaint and Thomas Cottle. Reading it was like reading my own journal. My daughter was murdered nearly 5 years ago at the age of 31. I too believed that I could always keep my children safe, but "...that fantasy was shattered." I too experienced the single act that "explodes the human heart and leaves us stunned with grief and rage and feeling powerless."

Like the Cosbys, our family joined a "club" to which we never wanted to belong. We joined the thousands of other families in this country struggling to make sense of something that will never make sense. Members of our "club" can read about the Cosbys' tragedy and *know* what they are experiencing. We ache with sympathy for them, and relive our own pain.

I wish I could offer them the sure knowledge that within a certain period of time they will be "healed." I can't. I *can* tell them that it is possible to integrate this event into their lives and to resume productive lives and even to find some joy -- in the birth of a grandchild for example, or the addition of a son- or daughter-in-law to the family. But no matter how many people we add to our circle of love, there will always be "one less" than there should be.

I want the Cosbys and other families to know that there is help and support in this "club." My family was fortunate to find an organization called OMEGA that offers professionally facilitated support groups for people who have lost a loved one to homicide. It is no exaggeration to state that finding OMEGA save my life. I truly did not think I would live through the loss of my only, beloved, daughter. My family, friends and professional colleagues gave me tremendous support, but it was only when I walked into a room filled with people who had survived the worst thing that could ever happen to a parent -- or child, sibling or spouse -- that I knew I would survive too.

That original support group that we joined is still together, offering compassion, support and understanding to one another as we resume lives that while they will never be same are productive and fulfilling.

OMEGA's services, supported in part by funds from the Victims of Crime Act, are provided free of charge to all who need them. OMEGA and other organizations that offer victim assistance are just a phone call away. I hope the Cosbys and other families who feel they are isolated and alone in their grief and rage are able to find them.

Sincerely,

Evelyn M. Tobin
4 Wallace Court
Charlestown, MA 02129
Tel. 617-242-3095
720-2810 (daytime)

OUR MISSION . . .

The Living After Murder Program (LAMP) is a safe, comfortable community-based program that provides emotional, therapeutic and social support to persons of all ages throughout the Greater Boston area who have lost a loved one to murder. LAMP provides community outreach, education and advocacy for residents, and training for professionals in traumatic bereavement. LAMP services are client focused and sensitive to survivor needs and cultural backgrounds. Programs are geared to rebuilding a sense of community and to becoming a part of an extended family of survivors.

Living After Murder Program
Roxbury Comprehensive
Community Health Care
330 Martin Luther King Blvd.
Roxbury, MA 02119
(617) 541-3790
FAX (617) 541-3797

The Living After Murder Program (LAMP) is supported by the Massachusetts Office for Victim Assistance (MOVA) through a grant awarded by the Office for Victims of Crime, Office of Justice Programs, United States Department of Justice.

IMPORTANT RESOURCES

For information regarding ongoing investigations, call:
BOSTON POLICE DEPARTMENT, HOMICIDE UNIT
- (617) 343-4470

For information, assistance and support for victims of crime and their families throughout the prosecution of a criminal case call:
SUFFOLK COUNTY DISTRICT ATTORNEY'S OFFICE,
Victim Witness Advocates
- Chief, Victim Witness Bureau
  (617) 725-8653
- Suffolk Superior Court
  (617) 725-8760
- Homicide Unit
  (617) 725-8707

For help and information on victims rights and services, call:
MASSACHUSETTS OFFICE FOR VICTIM ASSISTANCE
- (617) 727-5200

For information on applying for victim compensation, call:
VICTIM COMPENSATION & ASSISTANCE DIVISION,
Office of the Attorney General
- (617) 727-2200
-

For information on how you can become certified to receive information on convicted offenders, call:
CRIMINAL HISTORY SYSTEMS BOARD
Victim Service Unit
- (617) 727-0090

For information on the status of an incarcerated offender, call:
MASSACHUSETTS DEPARTMENT OF CORRECTION
Victim Service Unit
- (617) 727-3300 (x 179)

For information on an offender's parole eligibility, call:
MASSACHUSETTS PAROLE BOARD
Victim Service Unit
- (617) 727-3271

LIVING AFTER MURDER PROGRAM
- **(617) 541-3790**

LIVING AFTER MURDER PROGRAM

WHEN SOMEONE YOU LOVE IS MURDERED . . .

...support and help are available. The Living After Murder Program (LAMP) is devoted to the needs of those who have suffered the loss of a loved one because of murder or vehicular homicide.

When murder destroys the life of one you love, you may need help dealing with your loss because murder is the most difficult death to grieve. Survivors are faced with extraordinary circumstances that are frightening, confusing and often overwhelming.

People who have suffered the murder of a loved one experience a profound crisis in their lives. They feel cut off from others. Some are frustrated by the trial process. Many are consumed by thoughts of justice and revenge. Others find it impossible to continue at work or school. While some find it hard to go on living.

The people at LAMP are here to help you make it through this time. We are here to help you go on healing and living. You will survive this evil of murder. You may never forget, but you will begin living again, with memories of good times and hope for better days ahead. When you want help along the way, please call.

LAMP OFFERS YOU . . .

♦ CRISIS INTERVENTION, ONGOING COUNSELING AND THERAPY
For individuals of all ages and families.

♦ GROUP SUPPORT
For adults and children, attended by other homicide survivors from the community.

♦ SCHOOL BASED SUPPORT SERVICES
Support groups and other services offered to adolescents in select schools.

♦ SURVIVOR-TO-SURVIVOR TEAM
Available for one-to-one support.

♦ INFORMATION AND ASSISTANCE
Police Investigations and Criminal Court Proceedings
Victim of Crime Compensation
Quarterly Newsletter
Lending Library

♦ COMMUNITY EVENTS
Spring Social
Service Awards
Holiday Gathering
Roundtable Discussions
Community Forum

♦ WORKSHOPS AND TRAINING
For professionals and organizations on traumatic bereavement and loss.

♦ All services are free of charge.

WHAT IS HAPPENING TO ME?

Murder affects all parts of your life. You may be experiencing some or all of the reactions listed below. Each person is unique and will react differently - even within the same family. It is important to know that all of these reactions are normal in the aftermath of a homicide.

♦ FEELINGS

sad - empty - helpless - enraged - fearful - guilty - vengeful

♦ THOUGHTS

confused - unsafe - forgetful - flashbacks spiritual doubts

♦ RELATIONSHIPS

feel different from others - alone - mistrustful - "no one understands"

♦ PHYSICAL

fatigue - sleep changes - jumpiness - head and stomach aches - appetite changes

♦ BEHAVIOR

irritable - moody - risky behaviors - loss of interest in usual activities - substance abuse

STATISTICS
(NHTSA, 1990)

During the period 1982 through 1989, approximately 188,470 persons lost their lives in alcohol-related traffic crashes.

Traffic crashes are the greatest single cause of death for every age between the ages of five and thirty-two. Almost half of these fatalities are a result of alcohol-related crashes.

About two in every five Americans will be involved in an alcohol-related crash at some time of their lives.

The proportion of fatal crashes that are alcohol-related is about three times greater at night than during the day.

More than half of all alcohol-related fatalities occur in single vehicle crashes.

Each year 500,000 people are injured in alcohol-related crashes. 10% or 50,000 are serious and/or irreversible.

About 48% of persons jailed for DWI had previous DWI convictions.

Estimates of the economic costs of drunk driving range from $11 billion (NHTSA, 1985) to $24 billion (FBI, 1989) each year.

In fatal crashes, the proportion of intoxicated drivers decreased from 30% in 1982 to 24% in 1989.

The number of intoxicated drivers (BAC of .10% or greater) killed in traffic crashes decreased from 13,110 in 1980 to 9,820 in 1989, a reduction of 25%.

For DWI offenders sentenced to jail, the median term imposed was 5 months. Those with prior sentences received sentences that were about twice as long as first-timers.

DRUNK DRIVING IS NOT AN ACCIDENT
DRUNK DRIVING IS A CRIME
WE CAN'T SAY IT ENOUGH

We the people,

do make the difference! Join in making Massachusetts safer.

MADD Massachusetts Chapters

MADD Berkshire County
P.O. Box 192
Dalton, MA 01226
(413) 684-3133

MADD Bristol County
P.O. Box 964
Fall River, MA 02722
(508) 673-MADD

MADD Cape Cod
P.O. Box 1005
Marstons Mills, MA 02648
(508) 420-0200

MADD Greater Boston
30 High Street, Suite 300
Medford, MA 02155
(617) 391-MADD

MADD Hampden County
Chicopee Towers, Suite 111
154 Grove Street
Chicopee, MA 01020
(413) 592-9953

MADD MetroWest
P.O. Box 274
Southborough, MA 01772
(508) 624-MADD

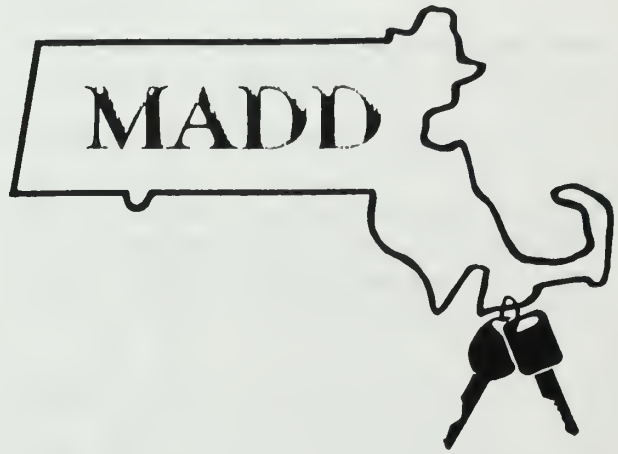
MADD Plymouth County
P.O. Box 162
Halifax, MA 02338
(617) 585-1888

MADD Worcester County
65 James Street, #205
Worcester, MA 01603-1013
(508) 831-9785

MADD welcomes volunteers.
Call your local chapter.

MADD

Mothers Against Drunk Driving



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MADD MASSACHUSETTS

1992

Legislative Brochure

MADD STATE OFFICE
1661 Worcester Road, Suite 205
Framingham, MA 01701
(800) 633-6233 • (508) 875-3736
FAX (508) 875-0757

MOTHERS AGAINST DRUNK DRIVING

MADD

Massachusetts Chapters

Dear Legislator;

Throughout its 10-year history, MADD has been recognized as a leading advocate against alcohol and drug-impaired driving. Literally thousands of volunteers in over 413 chapters across the nation engage in a wide variety of programs and activities to increase awareness against drinking and driving, assist innocent victims of alcohol-related crimes and promote corresponding public policies.

Comprehensive drunk driving laws were passed in 1982 and again in 1986. However, the drunk driving problems continue and passage of the bills supported by MADD are necessary to insure the safety of all citizens on our highways. Since the passage of the Safe Roads Act in 1986 no major legislation to insure safety to citizens of the Commonwealth was passed.

In 1991 a number of bills were filed to make a significant impact in curtailing the incidence of drinking and driving. MADD succeeded in 1991 with passage of the Hit and Run/Heidi Wood Bill which provides a mandatory one year jail sentence and increased fines for leaving the scene after a crash causing a death.

Now, in 1992 the following bills are MADD's priority legislation. MADD looks forward to meeting the challenge before us. Armed with the facts and information contained in this document, great progress can be made toward achieving our goal.

We thank those who stand with us and support continued efforts to develop effective legislative countermeasures against drunk driving.

We hope you will agree that these issues need to be acted upon now! Call your legislator and let him/her know that you are in favor of the legislation supported by MADD.

House of Representatives 617-722-2000
Senate 617-722-1455

VOTE YES

1992 LEGISLATION

Bill #S-130 *"Increase Penalty for DUI Homicide"*

Penalty would be 5 years imprisonment with no reduction, suspension, or parole allowed until 5 years has been served.

Bill #S-132 *"Causing Death of More Than One Individual"*

Related to S-130 this bill would mandate if more than one death is caused by a drunk driver the sentence would be consecutive for each conviction.

Bill #S-175 *"License Suspension for Refusal"*

Section 11 is part of a large bill filed by the Registrar of Motor Vehicles. This section would increase the time a license is suspended for refusal to take a breathalizer from 120 days to 180 days.

Section 10 of the same bill allows the background years for previous record investigation to increase from 6 years to 10 years.

Bill #S-370 *"Keg Identification"*

This bill will provide a mandatory Identification System and Guidelines for establishments distributing kegs of beer, ale and malt beverages which will identify the purchaser of the keg. The purpose behind this is to deter adults from purchasing kegs of beer, ale or malt beverages for minors. A mandatory deposit on the sale of each keg, the amount of which to be determined by the local licensing authority, will be required. Individuals found purchasing kegs for minors shall be punished accordingly.

Bill #H-407 *"License Suspension for Refusal of Breathalyzer"*

Provides for the suspension of motor vehicle licenses for 180 days for refusal to submit to a test for blood alcohol content.

Bill #S-717 *"Admissibility"*

Bill providing for the admissibility of the refusal to take a test for chemical analysis of breath into evidence at criminal trial. Briefs have been filed with the Justices of the Supreme Judicial Court on March 10, 1992 requesting opinions on the Constitutional question of law.

Bill #H-1192 *"10 Year License Revocation for Manslaughter"*

Provides for a 10 year revocation of license for a person convicted of manslaughter by use of a motor vehicle, on the first offense. A subsequent offense shall carry a lifetime loss of license.

Bill #H-3639 *"Vehicle Confiscation"*

Provides for the forfeiture of the motor vehicles of persons who are convicted of operating a motor vehicle after suspension of license.

Bill #H-5159 *".00% BAC Tolerance Under Age 21"*

This bill will further regulate alcohol use by minors. If there is evidence that BAC percentage is over .00% and the driver is under the age of 21, then that person shall lose their right to operate for one year.

Bill #H-5160 *".08% BAC Tolerance"*

This bill would lower the BAC rate for the presumption of driving while intoxicated from .10 to .08.

Bill #H-4564 *"Boating Under the Influence"*

To provide penalties for boating legislation similar to those in DUI statute.

ABBREVIATED BOOK LIST.

Bouvard, Marguerite with Evelyn Gladu, The Path Through Grief: A Practical Guide, Portland, Oregon, Breitenbush Books, 1988

Bowlby, John, (Series) Attachment, Separation, Loss, NY: Basic Books, Inc. 1980

Ericsson, Stephanie, Companion Through the Darkness: Inner Dialogues on Grief, NY: Bantam Books, 1993

Edelman, Hope, Motherless Daughters: The Legacy of Loss, Reading, MA: Addison-Wesley, 1994

Eth, Spencer, M.D., and Pynoos, Robert, S., M.D., M.P.H., Post-Traumatic Stress Disorder in Children, Washington, D.C., American Psychiatric Press, Inc 1985

Janoff-Bulman, Ronnie, Shattered Assumptions: Toward a New Psychology of Trauma, NY: The Free Press (MacMillan), 1992.

Lord, Janice H., No Time for Goodbyes: Coping with Grief, Anger and Injustice after a Tragic Death, Ventura, CA: Pathfinder Publishing, 1990.

Lukas, Christopher and Henry Seiden, Silent Grief: Living in the Wake of Suicide, NY, Charles Scribner's Sons, 1987.

Rando, Therese, Grief, Dying and Death: Clinical Interventions for Caregivers, Champaign, Ill.: Research Press, 1984

Rando, Therese, Treatment of Complicated Mourning, Champaign, Ill.: Research Press, 1993.

Raphael, Beverly, The Anatomy of Bereavement, NY: Basic Books, 1983.

Redmond, Lulu Moshoures, Surviving When Someone You Love Was Murdered: A Professional's Guide to Group Grief Therapy for Families and Friends of Murder Victims, Clearwater, FL: Psychological Consultation and Education Services, Inc., 1989.

Schiff, Harriet Sarnoff, The Bereaved Parent, NY: Penguin, 1977 (Revised 1986)

Schiff, Harriet Sarnoff, Living Through Mourning, NY: Viking, 1987

Terr, Lenore, M.D., Too Scared to Cry, NY: Basic Books, 1990.

Terr, Lenore, M.D., Unchained Memories, NY: Basic Books, 1994.

Worden, William J., Grief Counseling and Grief Therapy, NY Springer Publishing, 1982.

Homicide /Bereavement Services:

Program funded through the federal Victims of Crime Act of 1984

After Homicide Program-	Worcester	(508) 791-3261
Family Bereavement Program	Malborough	(508) 481-8290
Homicide Bereavement Program	Greenfeild	(413) 774-7931
Living After Murder Program	Roxbury/Greater Boston	(617) 541-3790
MADD	Victim Hotline	(800) 633-6233
Omega Emotional Support Services	Sommerville and Quincy	(617) 776-6369
Project Reach	New Bedford, Plymouth and Cape Cod	(508) 996-3147
Surviving After Murder Program	Springfield	(413) 732-7419
Survivors of Homicide Victims Program	Brockton	(508) 583-6498
The Trauma Center	Brookline	(617) 731-3200
Victims of Crime and Loss Program	Beverly	(508) 927-4506
Victims of Violence Program	Cambridge/Greater Boston	(617) 498-1284

Homicide Survivors Support Group

Charlestown After Murder Program	Charlestown	(617) 356-5331
Joey Fournier Victim Services	Boston	(617) 246-0066
Daniel A. Larson Foundation	South Hadley	(413) 227-2280
MADD Chapter State Wide	Victim Hotline	(800) 633-6233
MADD State Office		(508) 875-3736
MADD Berkshire County Chapter		(413) 684-3133
MADD Bristol County Chapter		(508) 673-6233
MADD Cape Cod Chapter		(508) 420-0200
MADD Hampden County Chapter		(508) 875-3736
MADD Metro West Chapter		(508) 624-6233
MADD Plymouth County Chapter		(508) 585-1888
MADD Worcester County Chapter		(508) 831-9785
Parents of Murdered Children	Boston	(617) 499-7998

Workshop H

Parole in Massachusetts: Community Supervision Protecting the Public

Parole in Massachusetts:
Community Supervision Protecting the Public

Moderator: Alberta Cook, Public Information Officer
The Executive Office of Public Safety
The Massachusetts Parole Board
27-43 Wormwood Street, Suite 300
Boston, MA 02210-1606
(617) 727-3271

Panelists: Mary Ellen Doyle, Member, Massachusetts Parole Board, and Member, Victim and Witness Assistance Board

Marcia Hill, Director, Victim Services Unit

Timothy Zadai, Chief of Field Services

Donald LaFratta, Director, Warrant Unit and Special Operations

Noreen Murphy, Director, Hearings Unit

Parole Supervision in Massachusetts

- Regional Supervision/Reporting Officers
- Drug Testing
- LEAPS
- Intensive Parole for Substance Abusers (IPSA)
- Massachusetts Community Assistance Parole Program (MASS CAP)
- Intensive Parole for Sex Offenders (IPSO)
- Pathways Program
- Bootcamp Aftercare
- Electronic Monitoring
- Collaboratives
  - Youth Violence
  - Boston Gun Protect/Ceasefire
  - No Next Time

Victim Services Unit

The Victim Service Unit provides information, referral and outreach services to all crime victims, witnesses and other individuals who are CORI-certified by the Criminal History Systems Board.

Field Services

Field Services is the department which is responsible for the supervision of all parolees. Supervision begins with the pre-parole investigations of release plans and continues throughout the term of the parole, assuring compliance with the parole conditions.

- Parole Officer Duties/Powers/Role
- Pre-Parole Investigations
- Initial Interview
- Community Supervision (visits, collateral contracts, drug testing, electronic monitoring, social services)
- Violations/Sanctions

1996 Statistics:

Parolees Under Supervision	4,830
Street/Office Arrests	808
Transports	1,237
Urine Tests	23,826

Field Apprehension Efforts:

- FBI Violent Fugitive Task Force
- Interviews: family, friends, associates
- Surveillance
- Telephone: Trap and Trace, Pen Register
- Interagency Arrest Efforts
- Subpoenas
- Search Warrants

Special Operations Unit

The Special Operations Unit coordinates the interstate transfer of parolees entering or leaving Massachusetts and overseas. It has an active caseload of Massachusetts parolees residing out of state under its Interstate Compact Unit. The Warrant Unit supervises all Massachusetts inmates paroled to Immigration and Naturalization, deportation warrants, locates, apprehends and rendites all parolees that abscond from supervision and enters Parole Board warrants into the Commonwealth's Criminal Justice Information System (CJIS).

Summary:

- Agency broadcasts warrant notices for all absconders.
- Notices meet all state and federal criteria.
- Notices are generated within hours.
- Timeliness, accuracy and completeness of notices depend upon a strong partnership between Field Services and Special Operations.

Hearings and Revocations

The Hearings and Revocations Department has the responsibility for conducting all classifications of hearings held in the county houses of correction. Such hearings include: the initial parole eligibility, rescission, reconsideration hearings and the final rescission and revocations hearings.

MASSACHUSETTS PAROLE BOARD

CRIMINAL OFFENDER RECORD INFORMATION: CORI
WHAT IT MEANS FOR CRIME VICTIMS

I. WHO IS ELIGIBLE FOR CORI-CERTIFICATION?

Under the Massachusetts Victim Rights Law, M.G.L. c. 258B, s. 3(a) victims, **witnesses, parents or guardians of minor victims and family members of homicide victims** are eligible to apply for certification which will provide advance notification from custodial authorities regarding certain changes in the custody of an adult criminal offender.

Massachusetts law, M.G.L. c. 6, s. 172c, also permits a person who believes that his/her physical safety is at risk to be certified, under a Citizen's Initiated Petition (CIP) for advance notification from custodial authorities regarding certain changes in the custody of an adult criminal offender. Under the CIP process, an application must include a written statement explaining why the inmate presents a threat to one's physical safety.

II. HOW IS CERTIFICATION OBTAINED?

Victim Advocates at the Parole Board will provide assistance in completing the necessary application. The application will be forwarded to the Criminal History Systems Board for approval. This process takes several weeks. To insure timely notification, **application should be made immediately after the offender is sentenced.** The applicant will be notified by the Criminal History Systems Board once the application is approved.

III. WHAT INFORMATION WILL BE PROVIDED UNDER CORI-CERTIFICATION?

CORI-certification results in advance notification of the offender's *temporary, provisional or final release from custody* and immediate notification of the offender's *escape from custody*.

The Massachusetts Parole Board is required, by law, to notify CORI-certified individuals of the offender's **parole eligibility, status in the criminal justice system and parole release.**

In addition to the notification which is required by law the Parole Board provides , when possible, notification of the following:

-the date of a scheduled parole hearing
-the parole hearing decision
-if parole is granted the name, address and phone number of the supervising parole officer and conditions of parole.

The correctional facility is responsible for the day to day custody of the inmate. Questions regarding notification policies not related to parole issues should be directed to the correctional facility.

IV. WHAT ARE THE RESPONSIBILITIES OF A CORI-CERTIFIED INDIVIDUAL?

The certified individual is responsible for keeping the Criminal History Systems Board informed of any change in name, address or telephone number. Advance notification is only possible when current information is available.

FOR INFORMATION OR ASSISTANCE CONTACT:

Victims Service Unit
Parole Board (617) 727-3271

MASSACHUSETTS PAROLE BOARD
VICTIM PARTICIPATION IN PAROLE HEARINGS

The Massachusetts Parole Board has implemented a program which will provide crime victims and their family members with increased access to the parole hearing and decision making process. In addition to the Parole Board's current practice of permitting meetings with Board members and accepting written impact statements, the Parole Board offers two new options for surviving family members in cases where the offense resulted in death and the offender received a state prison sentence.

OPTION 1. Surviving family members will be offered the opportunity to attend and may testify at the initial parole eligibility or annual review hearing, or

OPTION 2. Surviving family members will be offered an opportunity to view a video tape of the hearing and offer comments prior to a decision being reached.

Provided below is additional information about these two options to assist your selection. The Parole Board encourages you to participate in a way which best meets your needs.

I. ATTENDING THE HEARING

WHO MAY ATTEND?

Surviving family members, 17 years or older, of victims of crimes which result in death may attend parole hearings for inmates who are serving state prison sentences. In addition, **all surviving family members who wish to attend the hearing MUST be CORI-certified by the Criminal History Systems Board.** Assistance in obtaining CORI-certification will be provided upon request to the Victims Service Unit.

IS THE INMATE PRESENT?

The inmate will be present during the hearing. Because the inmate is in custody, there will also be correction officers present. The inmate may appear at the hearing in leg and hand restraints. In addition, the Parole Board will provide security officers.

WHAT WILL HAPPEN AT THE HEARING?

Hearing Room

Hearings are conducted in a large conference room. The Parole Board members will sit at a table in the front of the room. The inmate will be seated directly in front of the Board members. Surviving family members of the victim will sit behind the inmate.

Introduction and Administration of Oath to Testify Truthfully

The presenting Parole Board member will convene the hearing, introduce the members of the Parole Board and administer an oath to testify truthfully to all parties.

Interview of the Inmate

The inmate will be asked to inform the Board about the crime which was committed, record of incarceration, readiness for parole release and any other issues which the Board feels are relevant. Each Board member will have an opportunity to question the inmate.

Testimony from Surviving Family Members

When the Board has concluded the interview with the inmate, he/she will be asked to sit at the side of the room. Surviving family members of victims will then be invited to sit at the table in front of the Board and testify. Surviving family members are not required to testify.

Each surviving family member will have no longer than 5 minutes to inform the Board of the impact of the crime and feelings and concerns related to the matter of parole for the inmate. All testimony will be directed to the Parole Board members.

Concluding the Hearing

After the surviving family members have testified, the inmate will return to a seat in front of the Board and be allowed to make a closing statement. The presenting Board member will conclude the hearing. The inmate will be escorted from the room. When the inmate has exited the room, surviving family members will be allowed to exit.

Following the hearing, the Board will discuss the case and vote. Written notification of the Board's decision will be provided, by first class mail, within one week after the final decision is made.

WHAT ARE MY RESPONSIBILITIES

Registering to Attend the Hearing

It will be your responsibility to contact the Victims Service Unit to register your intent to attend the hearing. If you wish to attend the hearing, you must register your intent within 30 days of receiving this notice. Once you have registered your intent, the hearing will be re-scheduled and you will receive notification of the exact date of the hearing.

Hearing Security

In order to gain access to the hearing, you must be CORI-certified. You will be asked to present personal identification and sign a registration form. Handbags and packages will be subject to inspection.

WHERE WILL THE HEARING TAKE PLACE?

The hearing will be conducted at the Parole Board's Central Office on the third floor of 27-43 Wormwood Street, Boston, MA. This location is handicapped accessible and is accessible by public transportation. Directions will be provided upon request.

II. VIEWING A VIDEO TAPE OF THE HEARING

WHO MAY VIEW THE VIDEO TAPE OF THE HEARING?

Surviving family members, 17 years or older, of victims of crimes which result in death may view video tape of parole hearings for inmates who are serving state prison sentences. **All surviving family members who wish to view the video tape MUST be CORI-certified by the Criminal History Systems Board.** Assistance in obtaining CORI-certification will be provided upon request to the Victims Service Unit.

WHAT IS THE PROCEDURE?

Registering to View the Video Tape

Surviving family members must contact the Victims Service Unit seven (7) days in advance of the hearing to register an intent to view the video tape. The Victims Service Unit will arrange an appointment for the surviving family members to view the video tape at the Parole Board's Central Office In Boston.

Hearing Process and Decision Making Process

The parole hearing, which will take place at a correctional institution, will be videotaped. The Parole Board members will delay making a parole release decision. The video tape will be sent to the Parole Board's Central Office in Boston. Surviving family members will view the video tape and offer written comments within 7 days of the parole hearing.

The Parole Board members will review the written comments of the surviving family members and reach a decision. Written notification of the Board's decision will be sent by first class mail, within one week after the final decision is made.

WILL THE INMATE KNOW THAT I HAVE VIEWED THE VIDEO TAPE?

The inmate will be informed that the Parole Board is delaying making a parole release decision until the surviving family members have had an opportunity to review the video tape and provide comments. The inmate will not have access to any written comments which you provide after viewing the tape.

Providing Comments to the Parole Board

After viewing the video tape, you will have an opportunity write down any comments which you have about the hearing. These comments must be provided immediately after the video tape is viewed. A form will be provided to you for this purpose. **You may request that your comments be kept confidential.**

WHERE WILL THE VIEWING OF THE VIDEO TAPE TAKE PLACE?

The video tape will be viewed at the Parole Board's Central Office on the third floor of 27-43 Wormwood Street, Boston, MA. This location is handicapped accessible and is accessible by public transportation. Directions will be provided upon request.

WHO MAY I CONTACT FOR ADDITIONAL INFORMATION?

Please contact the Victim Advocate assigned to your case at the:

VICTIMS SERVICE UNIT
PAROLE BOARD
27-43 WORMWOOD STREET
BOSTON, MA 02210-1606
(617) 727-3271

LIFE SENTENCES WITH PAROLE
15 YEAR HEARINGS

1. **When is the individual eligible for parole?**

An individual sentenced to life in prison with parole is eligible for parole after serving fifteen years.

2. **Is the individual automatically granted a parole when he or she is eligible for parole?**

No, parole eligibility only allows the individual an opportunity for a parole hearing, which may or not may result in the individual's release. At the hearing, the Parole Board considers whether the individual should be considered for release from confinement to complete his or her sentence in the community or elsewhere. If parole is granted, the Parole Board will establish the specific rules and conditions of behavior that the individual must adhere to if released.

3. **What procedures does the Parole Board follow for these parole release hearings?**

The individual is scheduled for a parole release hearing before the full Parole Board at least thirty days prior to his or her parole eligibility date. Please note the following.

(a) This parole hearing is open to the public.

(b) Notice of the hearing and opportunity to appear is given to the Attorney General, to the District Attorney in whose district sentence was imposed, and to the Chief of Police or head of the organized police department of the municipality in which the crime was committed.

(c) Notice of the hearing and opportunity to appear is given to the victim. If a victim is deceased at the time any parole hearing is scheduled, the deceased victim may be represented by relatives in the following order: mother, father, spouse, child, grandchild, brother, sister, niece or nephew.

(d) Parole is granted only by majority vote of the Parole Board.

(e) Notice of the decision of the Parole Board is given to the Attorney General, to the District Attorney in whose district sentence was imposed, to the Chief of Police or head of the organized police department of the municipality in which the crime was committed and to all individuals cleared by the Criminal History Systems Board to receive information about the case.

4. **What happens if the individual is denied parole at the parole release hearing?**

If an individual is denied parole after the public hearing, after a period of five years the full Parole Board shall conduct a public review hearing unless, by majority vote of the Board, an earlier date for review is established. If a hearing is scheduled, the notification procedures would be the same as explained in question 3 above.

5. **Does the Parole Board invite correspondence from the victim?**

Yes, the Parole Board encourages input from victims. victims' families and others. You may wish to provide information to the Board at this time. Information will be reviewed by the Board Members prior to the hearing and will enable the Parole Board Members to make an informed. balanced decision. Any information which you provide will be kept confidential.

6. **Who should you contact for further assistance?**

For further information or assistance, please contact the Victim's Service Unit of the Massachusetts Parole Board at (617) 727-3271.

120 CMR 400.00: VICTIM PARTICIPATION IN PAROLE BOARD HEARINGS

Section

400.01: Purpose
400.02: Definitions
400.03: General Provisions
400.04: Notification of Hearing
400.05: Victim Impact Statements before the Parole Board
400.06: Parole Release Decision-Making

400.01: Purpose

(1) Notwithstanding any other Parole Board regulations, the parole release hearings of inmates serving state and reformatory sentences for crimes which resulted in death will be accessible to the victims as defined in 120 CMR 400.02.

(2) Victims will be afforded the opportunity to inform the Parole Board of the impact of the crime in accordance with the procedures which follow.

400.02: Definitions

(1) For the purposes of 120 CMR 400.00:

Accessible refers to the various forms of participation set forth in 120 CMR 400.05.

Family member will include the spouse of the deceased person or a person who lived with the deceased person in a relationship similar to marriage, or the child, sibling, parent or legal guardian of the deceased person.

Hearing refers to an inmate's initial eligibility, annual review or special consideration hearing.

Victim refers to the surviving family members of a person who is deceased as a result of the commission of a crime who have been CORI-certified by the Criminal History Systems Board pursuant to M.G.L. c. 6, § 178A.

400.03: General Provisions

(1) The Parole Board may, in its discretion, make rules or requests to promote safety and security at the hearing and to insure the orderly conduct of the hearing. For example, the Parole Board may limit the numbers of victims who attend or testify at a hearing.

(2) Victims must comply with all rules and requests by the Parole Board pertaining to safety and security and to the orderly conduct of the hearing. Failure to comply with such rules or requests may result in exclusion from the hearing room or Parole Board premises.

(3) Parole officers will make reasonable efforts to provide security in the hearing room and on Parole Board premises.

400.04: Notification of Hearing

(1) The Parole Board will send notices to victims informing them of an upcoming hearing 60 days prior to the hearing absent extenuating circumstances which circumstances may include but not be limited to recalculation of parole eligibility. In those instances, notice will be given within a reasonable time to enable the victim to inform the Parole Board of the impact of the crime. Such notice will be sent to the victim's last known address on file with CHSB or in Parole Board records. The victim's failure to respond to the Parole Board's notice will not cause the hearing to be postponed.

(2) The inmate will be notified that victims may attend or testify at a hearing.

400.05: Victim Impact Statements before the Parole Board

(1) Victims will be afforded the opportunity to inform the Parole Board of the impact of th[illegible]me prior to the hearing or by attending and testifying at the hearing in accordance with th[illegible]ocedures set forth in 120 CMR 400.05(2) and (3).

(2) A victim may submit a written statement or an audiotaped or videotaped statement or may meet with a Parole Board member or staff member prior to the hearing. Written statements or audiotaped or videotaped statements must be received by the Parole Board's Victim Services [illegible]nit at least 30 days prior to the hearing. A request to meet with a Parole Board member [illegible] staff member must be received 14 days prior to the hearing. The Parole Board may, in its discretion, exclude materials or deny requests which are not timely received. In accordance with M.G.L. c. 127, § 130, such statements may be kept confidential if the Parole Board determines that it is necessary to protect anyone from harm or to protect the source of any information and the statement was obtained under a promise of confidentiality.

(3) A victim [illegible]y attend and testify at the hearing. Victims must notify the Parole Board's Victim Services Unit of their intent to attend or testify at a hearing at least 30 days prior to the hearing. Such notice may be accomplished in writing or by telephone to the Parole Board's Victim Services Unit. The Parole Board may, in its discretion, exclude victims who fail to provide timely notice of their intent to attend or testify at a hearing. The victim will testify in the presence of the inmate. The Parole Board may limit testimony.

400.06: Parole Release Decision-Making

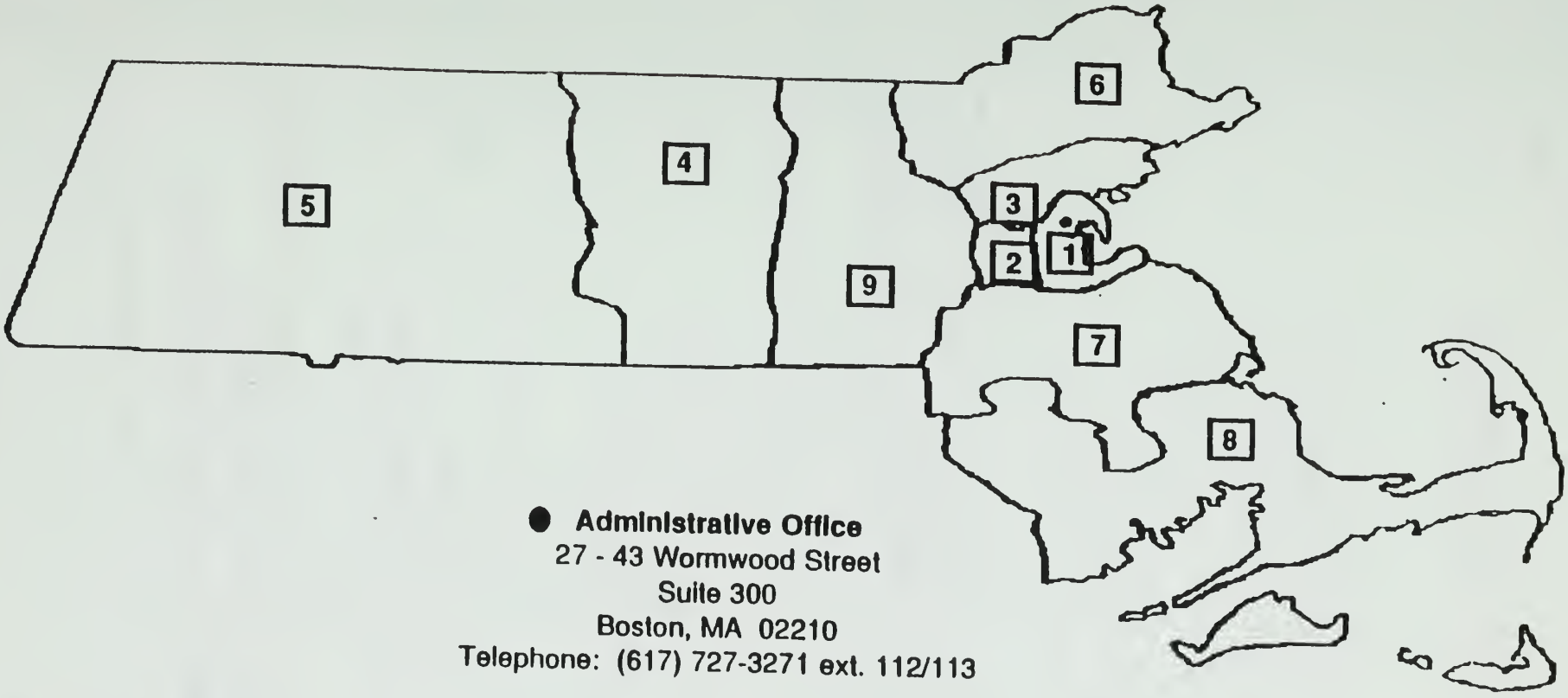
(1) The victim will be provided with written notification of the Parole Board's decision by first-class mail.

(2) The inmate will be notified in writing by institutional mail within 21 days after the [illegible]ision has been reached.

REGULATORY AUTHORITY

120 CMR 400.00: M.G.L. c. 27, § 5; c. 127, §§ 130 and 130.

State Wide Field Office Locations



● **Administrative Office**
27 - 43 Wormwood Street
Suite 300
Boston, MA 02210
Telephone: (617) 727-3271 ext. 112/113

1 **Region 1 Field Parole Office**
6 Fort Street, 2nd Floor
Quincy, MA 02169
(617) 727-1583

2 **Region 2 Field Parole Office**
1605 Blue Hill Avenue, 1st Floor
Mattapan, MA 02126
(617) 727-6506

3 **Region 3 Field Parole Office**
403 Highland Avenue
Somerville, MA 02144
(617) 727-8708

4 **Region 4 Field Parole Office**
332 Main Street, Suite 201
Worcester, MA 01608
(508) 753-7252

5 **Region 5 Field Parole Office**
436 Dwight Street, Room 302
Springfield, MA 01103
(413) 784-1210

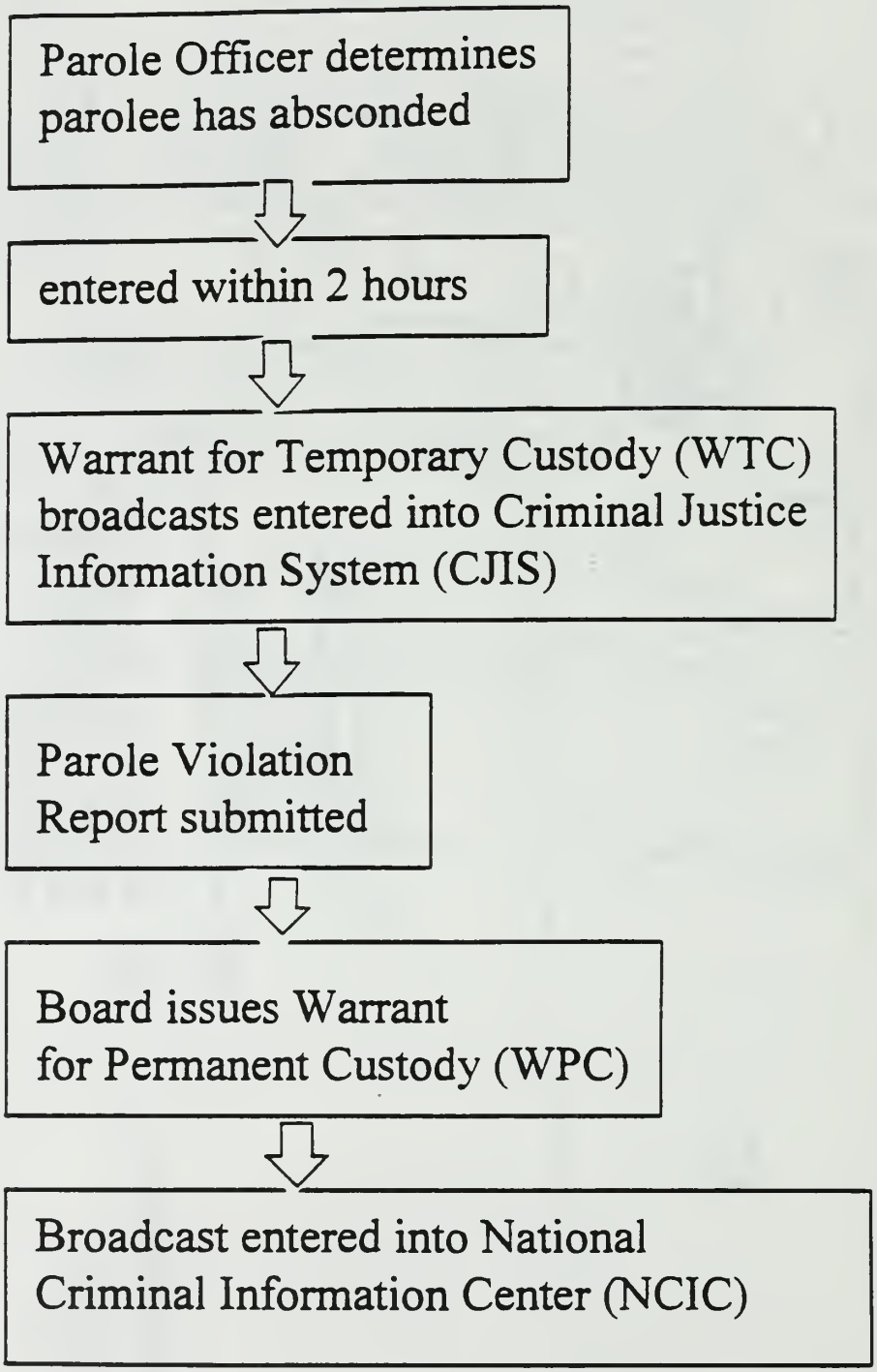
6 **Region 6 Field Parole Office**
499 Essex Street, 1st Floor
Lawrence, MA 01840
(617) 727-7016

7 **Region 7 Field Parole Office**
231 Main Street, 2nd Floor
Brockton, MA 02401
(617) 727-2506

8 **Region 8 Field Parole Office**
2100 Achusnet Ave., 2nd Floor
New Bedford, MA 02745
(617) 727-5801

9 **Region 9 Field Parole Office**
188 Concord Street, 2nd Floor
Framingham, MA 01701
(617) 727-0010

Warrant Broadcasts


Parole Officer determines parolee has absconded
entered within 2 hours
Warrant for Temporary Custody (WTC) broadcasts entered into Criminal Justice Information System (CJIS)
Parole Violation Report submitted
Board issues Warrant for Permanent Custody (WPC)
Broadcast entered into National Criminal Information Center (NCIC)

Appendices

Legislator and Committee Lists
Statewide Victim Resources
Federal and National Victim Resources
National Crime and Victimization Data
Map of Area Restaurants
Map of Workshop Locations

THE CPPAX EDUCATION FUND STATE DIRECTORY

1997 MASSACHUSETTS STATE LEGISLATORS

Senate

	ROOM	PHONE 722-
Amorello, Matthew (R-Grafton)	314	1485
Antonioni, Robert (D-Leominster)	109E	1230
Bernstein, Robert (D-Worcester)	218	1544
Berry, Frederick (D-Peabody)	109B	1410
Birmingham, Thomas (D-Chelsea)	332	1500
Brewer, Stephen (D-Barre)	312C	1540
Clancy, Edward (D-Lynn)	410	1350
Creedon, Robert, Jr. (D-Brockton)	413C	1200
Durand, Robert (D-Marlborough)	109C	1120
Fargo, Susan (D-Lincoln)	413F	1572
Havern, Robert (D-Arlington)	513	1432
Hedlund, Robert (R-Weymouth)	413E	1646
Jacques, Cheryl (D-Needham)	312 D	1555
Jajuga, James (D-Methuen)	216	1604
Keating, William (D-Sharon)	213C	1222
Knapik, Michael (R-Westfield)	309	1415
Lees, Brian (R-East Longmeadow)	308	1291
Lynch, Stephen F. (D-Boston)	520	1150
Magnani, David (D-Framingham)	413A	1640
Melconian, Linda (D-Springfield)	320	1660
Montigny, Mark (D-New Bedford)	413D	1440
Moore, Richard (D-Worcester)	518	1420
Morrisey, Michael (D-Quincy)	213B	1494
Murray, Therese (D-Plymouth)	511C	1330
Norton, Thomas (D-Fall River)	333	1114
Nuciforo, Andrea, Jr. (D-Pittsfield)	323	1625
O'Brien, John (D-Andover)	416A	1612
Pacheco, Marc (D-Taunton)	413B	1551
Panagiotakos, Steven (D-Lowell)	416B	1630
Pines, Lois (D-Newton)	504	1639
Rauschenbach, Henri (R-Brewster)	315	1570
Rosenberg, Stanley (D-Amherst)	212	1532
Shannon, Charles (D-Winchester)	421	1578
Tarr, Bruce (R-Gloucester)	507	1600
Tisei, Richard (R-Wakefield)	313	1206
Tolman, Warren (D-Watertown)	424	1280
Travaglini, Robert (D-East Boston)	511B	1634
Walsh, Marian (D-Boston)	405	1348
White, Paul (D-Dorchester)	109D	1643
Wilkerson, Dianne (D-Boston)	312H	1673

House of Representatives

		722-
Angelo, Steven (D-Saugus)	42	2370
Bellotti, Michael (D-Quincy)	473F	2210
Binienda, John Sr. (D-Worcester)	167	2692
Bosley, Daniel (D-North Adams)	472	2120
Broadhurst, Arthur (D-Methuen)	138	2396
Businger, John (D-Brookline)	467	2915
Cabral, Antonio (D-New Bedford)	254	2220
Cahill, Michael (D-Beverly)	473F	2210
Cahir, Thomas (D-Bourne)	445	2960
Canavan, Christine (D-Brockton)	279	2470
Candaras, Gail (D-Wilbraham)	436	2800
Caron, Paul (D-Springfield)	473B	2230
Casey, Paul (D-Winchester)	167	2692
Chandler, Harriette (D-Worcester)	167	2692
Chesky, Evelyn (D-Holyoke)	33	2060
Ciampa, Vincent (D-Somerville)	472	2120
Clark, Forrester (R-Hamilton)	436	2800
Cleven, Carol (R-Chelmsford)	167	2692
Cohen, David (D-Newton)	34	2320
Connolly, Edward (D-Everett)	167	2692
Correia, Robert (D-Falls River)	122	2810
Creedon, Geraldine (D-Brockton)	36	2550
Cresta, Brian (R-Wakefield)	443	2460
Cuomo, Donna (R-North Andover)	541A	2489
DeFillippi, Walter (R-W.Springfield)	549	2489
DeLeo, Robert (D-Winthrop)	20	2410
Demakis, Paul (D-Back Bay)	443	2460
Dempsey, Brian (D-Haverhill)	26	2080
DiMasi, Salvatore (D-Boston)	481	2255
Donnelly, David (D-Boston)	443	2460
Donovan, Carol (D-Woburn)	134	2400
agan, James (D-Taunton)	166	2900
allon, Christopher (D-Malden)	436	2800
ennell, Robert (D-Lynn)	473B	2230
inegold, Barry (D-Andover)	436	2800
innegan, Kevin (R-Newburyport)	436	2800
inneran, Thomas (D-Boston)	356	2500
itzgerald, Kevin (D-Boston)	128	2250
lavin, Nancy (D-Easthampton)	236	2430
ox, Gloria (D-Boston)	167	2692
ost, Paul (R-Auburn)	436	2800
Gallitano, Joseph (D-Plymouth)	436	2800
Galvin, William (D-Canton)	238	2380
Gardner, Barbara (D-Holliston)	370	2300
Garry, Colleen (D-Dracut)	473G	2070
Gately, David (I-Waltham)	156	2235
Gauch, Ronald (R-Shrewsbury)	540	2090
George, Thomas (R-Yarmouth)	436	2800
Giglio, Anthony (D-Medford)	172	2320
Glodis, William (D-Worcester)	436	2800
Goguen, Emile (D-Fitchburg)	134	2400
Golden, Thomas (D-Lowell)	42	2370
Gomes, Shirley (R-Harwich)	33	2060
Greene, William (D-Billerica)	167	2692
Guerriero, Patrick (R-Melrose)	237	2305
Hahn, Cele (R-Westfield)	43	2030
Haley, Paul (D-Weymouth)	243	2990
Hall, Geoffrey (D-Westford)	237	2305
Hargraves, Robert (R-Groton)	473G	2070
Harkins, Lida (D-Needham)	235	2263
Hart, John (D-Boston)	436	2800
Hodgkins, Christopher (D-Lee)	166	2900
Honan, Kevin (D-Boston)	162	2040
Hyland, Barbara (R-Foxborough)	130	2130
Hynes, Frank (D-Marshfield)	467	2210
Iannuccillo, Paul (D-Lawrence)	448	2582
Jehlen, Patricia (D-Somerville)	275	2676
Joyce, Brian (D-Milton)	436	2800
Jones, Bradley (R-North Reading)	443	2460
Kafka, Louis (D-Sharon)	237	2305
Kaprielian, Rachel (D-Watertown)	39	2240
Kaufman, Jay (D-Lexington)	43	2030
Keenan, Daniel (D-Blandford)	236	2430
Kelly, Shaun (R-Dalton)	473B	2230
Kennedy, Thomas (D-Brockton)	36	2552
Khan, Kay (D-Newton)	22	2140
Klimm, John (D-Barnstable)	146	2575
Knuutilla, Brian (D-Gardner)	436	2800
Koczera, Robert (D-New Bedford)	43	2030
Koutoujian, Peter (D-Newton)	436	2800
Kujawski, Paul (D-Webster)	443	2460
Kulik, Stephen (D-Worthington)	134	2400
Landers, Patrick III (D-Palmer)	236	2430

		722-
Lane, Harold (D-Holden)	473B	2230
Larkin, Peter (D-Pittsfield)	166	2900
LeDuc, Stephen (D-Marlboro)	436	2800
LeLacheur, Edward (D-Lowell)	450	2582
Lepper, John (R-Attleboro)	443	2460
Lewis, Jacqueline (R-Bridgewater)	124	2100
Lewis, Maryanne (D-Dedham)	156	2256
Locke, John (R-Wellesley)	146	2575
Mariano, Ronald (D-Quincy)	33	2060
Marini, Francis (R-Hanson)	540	2090
Marzilli, Jim (D-Arlington)	236	2430
McDonough, John (D-Boston)	130	2130
McGee, Thomas (D-Lynn)	167	2692
McIntyre, Joseph (D-New Bedford)	162	2040
McManus, William (D-Worcester)	448	2582
Menard, Joan (D-Somerset)	39	2240
Merrigan, John (D-Greenfield)	236	2430
Miceli, James (D-Wilmington)	167	2692
Murphy, Charles (D-Burlington)	436	2800
Murphy, Dennis (D-Springfield)	540	2090
Murphy, Kevin (D-Lowell)	436	2800
Murray, Mary Jeanette (R-Cohasset)	134	2400
Nagle, William Jr.(D-Northampton)	343	2600
Naughton, Harold, (D-Clinton)	26	2080
O'Brien, Janet (D-Hanover)	134	2400
O'Brien, Thomas (D-Kingston)	436	2800
O'Flaherty, Gene (D-Chelsea)	436	2800
Owens-Hicks, Shirley (D-Boston)	437G	2070
Parente, Marie (D-Milford)	134	2400
Paulsen, Anne (D-Belmont)	22	2140
Pedone, Vincent (D-Worcester)	35	2320
Peters, David (R-Charlton)	124	2100
Petersen, Douglas (D-Marblehead)	473F	2210
Peterson, George N. (R-Grafton)	443	2460
Petrolati, Thomas (D-Ludlow)	138	2396
Poirier, Kevin (R-N.Attleborough)	549A	2491
Pope, Susan (R-Wayland)	436	2800
Provost, Ruth (D-Sandwich)	436	2800
Quinn, John (D-Dartmouth)	540	2090
Reinstein, William (D-Revere)	167	2692
Resor, Pamela (D-Acton)	33	2060
Richie, Charlotte Golar (D-Boston)	38	2470
Rodrigues, Michael (D-Westport)	146	2575
Rogeness, Mary (R-Longmeadow)	237	2305
Rogers, John (D-Norwood)	146	2575
Ruane, Michael (D-Salem)	277	2010
Rushing, Byron (D-Boston)	254	2220
Scaccia, Angelo (D-Boston)	146	2575
Scibelli, Anthony (D-Springfield)	238	2380
Serra, Emanuel (D-Boston)	155	2883
Simmons, Mary Jane (D-Leominster)	448	2582
Slattery, John (D-Peabody)	472	2210
Speliotis, Theodore (D-Danvers)	436	2800
Sprague, Jo Ann (R-Walpole)	237	2305
Stanley, Harriett (D-Merrimac)	167	2692
Stasik, John (D-Framingham)	436	2800
Stefanini, John (D-Framingham)	130	2130
Stoddart, Douglas (R-Natick)	138	2396
Story, Ellen (D-Amherst)	167	2692
Straus, William (D-Mattapoisett)	39	2240
Sullivan, David (D-Fall River)	436	2800
Sullivan, Joseph (D-Braintree)	472	2120
Swan, Benjamin (D-Springfield)	138	2396
Teahan, Kathleen (D-Whitman)	436	2800
Thompson, Alvin (D-Cambridge)	170	2783
Tobin, Stephen (D-Quincy)	138	2396
Tolman, Stephen (D-Boston)	146	2575
Toomey, Timothy Jr. (D-Cambridge)	254	2220
Travis, Philip (D-Rehoboth)	42	2370
Turkington, Eric (D-Falmouth)	33	2060
Tuttle, David (R-Barre)	436	2800
Vallee, James (D-Franklin)	138	2396
Verga, Anthony (D-Goucester)	33	2060
Wagner, Joseph (D-Chicopee)	443	2460
Walrath, Patricia (D-Stow)	275	2676
Wolf, Alice (D-Cambridge)	436	2800

Committees

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Banks and Banking	42	2370
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Rules, Senate	210	1520
State Administration	34	2320
Taxation	236	2430
Transportation	443	2460
Ways & Means, House	237	2380
Ways & Means, Senate	212	1481

Information Offices

House Clerk	145	2356	State Bookstore	116	727-2834
House Lobby & Info	350	2000	State Library	341	727-2590
Senate Clerk	335	1276	Citizens' Information Services		727-7030
Senate Lobby & Info	300	1455	Outside Boston, toll-free		1-800-392-6090
Legislative Documents Room	428	2860	Secretary Galvin		727-2828
Hearing Impaired Info (TTY/TTD)	237	2659			

All legislative telephones are area code (617) and begin with the exchange 722-.
Mail address for all legislators and committees: State House, Boston MA 02133

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The 1997 CPPAX Education Fund Congressional Directory

The Senate

Edward M. Kennedy [D] (Labor & Human Resources; Joint Economic; Judiciary; Armed Services)		
315 Russell Senate Office Bldg, Washington, DC 20510; Email- senator@kennedy.senate.gov	202-224-4543	202-224-2417
Room 2400, JFK Federal Bldg, Boston, MA 02203	617-565-3170	617-565-3183
John F. Kerry [D] (Foreign Relations; Commerce, Science & Transp.; Small Business; Banking, Housing & Urban Affairs; Intelligence)		
U.S. Senate, Washington, DC 20510; Email- john_kerry@kerry.senate.gov	202-224-2742	202-224-8525
One Bowdoin Square, 10th fl., Boston, MA 02114	617-565-8519	617-248-3870
Room 311, 222 Millikin Place, Fall River, MA 02722	508-677-0522	508-677-0275
Room 504, 145 State St., Springfield, MA 01103	413-785-4610	413-736-1049
Room 504, 90 Madison Place, Worcester, MA 01608	508-831-7380	

The House, by Congressional District

1. **John Olver** [D] (Appropriations)		
1027 Longworth House Office Bldg, Washington, DC 20515; Email- j.olver@hr.house.gov	202-225-5335	202-226-1224
Federal Bldg, 78 Center St. Arterial, Pittsfield, MA 01201	413-442-0946	413-443-2792
490 Westfield Rd., Holyoke, MA 01040	413-532-7010	413-532-6543
463 Main St., Fitchburg, MA 01420	508-342-8722	508-343-8156
2. **Richard E. Neal** [D] (Ways & Means)		
2236 Rayburn Bldg, Washington, DC 20515	202-225-5601	202-225-8112
1550 Main St., Springfield, MA 01103	413-785-0325	413-747-0604
2 Congress St., Milford, MA 01757	508-634-8198	508-634-8398
3. **Jim McGovern** [D] (Transp. & Infrastructure; Government Reform & Oversight)		
512 Cannon House Office Bldg, Washington, DC 20515	202-225-6101	202-225-2217
34 Mechanic St., 1st fl., Worcester, MA 01608	508-831-7356	508-754-0982
One Park St., Attleboro, MA 02703		
218 S. Main St., Fall River, MA 02721		
4. **Barney Frank** [D] (Banking & Financial Services; Judiciary)		
2404 Rayburn House Office Bldg, Washington, DC 20515	202-225-5931	202-225-0182
29 Crafts St., Newton, MA 02158	617-332-3920	617-332-2822
558 Pleasnt St., New Bedford, MA 02740	508-999-6462	508-999-6468
222 Milliken Place, Fall River, MA 02722	508-674-3030	508-674-3551
89 Main St., Bridgewater, MA 02324	508-697-9325	508-697-0263
5. **Martin T. Meehan** [D] (Judiciary; National Security)		
2434 Rayburn House Office Bldg, Washington, DC 20515; Email- mmeehan@hr.house.gov	202-225-3411	202-226-0177
11 Kearney Square, Lowell, MA 01852	508-459-0101	508-459-1907
Bay State Bldg, 11 Lawrence St., Lawrence, MA 01840	508-681-6200	508-682-6070
Walker Bldg, 255 Main St., Marlboro, MA 01752	508-460-9292	508-460-6869
6. **John Tierney** [D] (Education; Economic Opportunities)		
120 Cannon House Office Bldg, Washington, DC 20515	202-225-8020	202-225-8037
17 Peabody Square, Peabody, MA 01960	508-531-1669	508-531-1996
160 Main St., Haverill, MA 01830	508-469-1942	
7. **Edward J. Markey** [D] (Energy & Commerce; Interior; Natural Resources)		
2133 Rayburn House Office Bldg, Washington, DC 20515	202-225-2836	202-225-8689
5 High St., Suite 101, Medford, MA 02155	617-396-2900	617-396-3220
8. **Joseph P. Kennedy II** [D] (Banking, Finance & Urban Affairs; Veterans Affairs)		
2241 Rayburn House Office Bldg, Washington, DC 20515	202-225-5111	202-225-9322
Suite 605, The Schrafft Ctr, 529 Main St., Carlestown, MA 02129	617-242-0200	617-241-7593
801A, Tremont St., Roxbury, MA 02118	617-445-1281	617-427-7193
9. **John Joseph Moakley** [D] (Rules)		
235 Cannon House Office Bldg, Washington, DC 20515; Email- jmoakley@hr.house.gov	202-225-8273	202-225-3984
220 World Trade Center, Commonwealth Pier, Boston, MA 02210	617-565-2920	617-439-5157
4 Court St., Taunton, MA 02780	508-824-6676	508-880-3520
166 Main St., Brockton, MA 02401	508-586-5555	508-580-4692
10. **William D. Delahunt** [D] (Judiciary; Natural Resources)		
1517 Longworth House Office Bldg, Washington, DC 20515	202-225-3111	202-225-5658
146 Main St., Hyannis, MA 02601	508-771-0666	508-790-1959
15 Cottage Ave., Quincy, MA 02169	617-770-3700	617-770-2984

Victim Assistance Resources

Statewide Victim Assistance Agencies	
Massachusetts Office for Victim Assistance	(617) 727-5200
Victim Compensation Division, Attorney General's Office	(617) 727-2200
Criminal History Systems Board, Victim Service Unit	(617) 660-4600
Department of Correction, Victim Service Unit	(617) 727-3300
Parole Board, Victim Service Unit	(617) 727-3271
U.S. Attorney's Office, Victim Witness Assistance	(617) 223-9400

Statewide Hotlines and Referral Centers:	
Child Abuse & Neglect Hotline	(800) 792-5200
Domestic Violence Hotline - *Call "411" to be connected to a local shelter*	DIAL 411
Elder Abuse & Neglect Hotline	(800) 922-2275
Lawyer Referral	(800) 392-6164
Massachusetts Alcohol and Drug Referral HotLine	(800) 327-5050
Parents Anonymous of Massachusetts	(800) 882-1250
Parental Stress Line	(800) 632-8188
Samaritans Suicide Prevention Hotline	(617) 247-8050
Samariteens	(800) 252-8336

District Attorney Victim Witness Programs:	
Berkshire County - Elizabeth Keegan, Director	(413) 443-3500
Bristol County - Michele Stanton, Director	(508) 997-0711
Cape and Islands District - Virginia Bein, Director	(508) 362-8103
Essex County - Michaelene McCann, Director	(508) 745-6610
Hampden County - Maria Rodriguez, Director	(413) 747-1038
Middlesex County - Jeffrey Ryan, Director	(617) 494-4604
Norfolk County - Sandra Pimentel, Director	(617) 329-5440
Northwestern District - Susan Manatt, Director	(413) 586-5780
Plymouth County - Michelle Mawn, Director	(508) 584-8120
Suffolk County - Janet Fine, Director	(617) 725-8653
Worcester County - Tony Pelligrini, Director	(508) 792-0214

Drunk Driving - MADD Chapters:	
MADD Statewide Victim Hotline	(800) 633-6233
MADD State Office	(508) 875-3736
MADD Berkshire County Chapter	(413) 684-3133
MADD Bristol County Chapter	(508) 673-6233
MADD Cape Cod Chapter	(508) 420-0200
MADD Hampden County Chapter	(413) 592-9953
MADD Metro West Chapter	(508) 875-3736
MADD Plymouth County Chapter	(508) 585-1888
MADD Worcester County Chapter	(508) 831-9785

Family Violence Services:	
Alternative House - *Lowell*	(508) 454-1436
ARCH - *Springfield*	(413) 733-7100
Asian Shelter and Advocacy Project - *Boston*	(617) 338-2350

Casa Myrna Vasquez - *Boston*	(617) 521-0100
Daybreak - *Worcester*	(508) 755-9030
Domestic Violence Ended (DOVE) - *Quincy*	(617) 471-1234
Elizabeth Stone House - *Jamaica Plain*	(617) 522-3417
F.I.N.E.X. House - *Dorchester*	(617) 288-1054
Fenway Community Health Center (Gay/Lesbian Services) - *Boston*	(617) 267-0900
Mary Foreman House - *Dorchester*	(800) 992-2600
Harbor Me - *Chelsea*	(617) 889-2111
Help for Abused Women and Their Children (HAWC) - *Salem*	(508) 744-6841
Independence House - *Hyannis*	(800) 439-6507
International Institute - *Boston*	(617) 536-1081
N.E.L.C.W.I.T. - *Greenfield*	(413) 772-0806
Necessities/Necessidades - *Northampton*	(413) 586-5066
Network for Battered Lesbians - Boston	(617) 424-8611
New Bedford Women's Center Battered Women Project - *New Bedford*	(508) 992-4222
New Beginnings - *Westfield*	(413) 562-1920
New Hope - *Attleboro, Norwood, Taunton*	(800)323-4673
Our Sister's Place - *Fall River*	(508) 677-0224
Renewal House - *Roxbury*	(617) 566-6881
Respond - *Somerville*	(617) 623-5900
Safe Place, Inc. - *Nantucket*	(508) 228-2111
Services Against Family Violence - *Malden*	(617) 324-2221
South Shore Women's Center - *Plymouth*	(508) 746-2664
Transition House - *Cambridge*	(617) 661-7203
Waltham Battered Women's Support Committee - *Waltham*	(617) 899-8676
Womanshelter/Companeras - *Holyoke*	(413) 536-1628
Womansplace - *Brockton*	(508) 588-2041
Women s Crisis Center - *Newburyport*	(508) 465-2155
Women's Protective Services - *Framingham*	(508) 626-8686
Women's Resource Center - *Lawrence*	(508) 685-2480
Women's Resource Center - *Haverhill*	(508) 373-4041
Women's Resources - *Fitchburg*	(508) 342-9355
Women's Service Center - *Pittsfield*	(413) 443-0089
Women's Service Center - *North Adams*	(413) 663-9709
Women's Support Services - *Vineyard Haven*	(508) 696-7233

Homicide Bereavement Services:

After Homicide Program - *Worcester*	(508) 791-3261
Family Bereavement Program - *Marlborough*	(508) 481-8290
Homicide Bereavement Program - *Greenfield*	(413) 774-7931
Living After Murder Program - *Roxbury*	(617) 541-3790
Omega Emotional Support Services - *Somerville*	(617) 776-6369
Project Reach - *New Bedford and Plymouth*	(508) 996-3147
Surviving After Murder Program - *Springfield*	(413) 732-7419
Trauma Clinic - *Boston*	(617) 731-3200
Victims of Crime and Loss Program (VOCAL) - *Beverly*	(508) 927-4506
Victims of Violence Program - *Cambridge*	(617) 498-1284

Sexual Assault Services:

ARCH - YMCA - *Springfield*	(413) 733-7100
Beth Israel Hospital Rape Crisis Service - *Boston*	(617) 667-4645
Blackstone Valley Rape Crisis Team - *Milford*	(508) 478-2992
Boston Area Rape Crisis Center - *Cambridge*	(617) 492-7273
Cape Ann Sexual Assault Crisis Service - *Gloucester*	(508) 281-7631

Cape Cod Rape Crisis Center - *Hyannis*	(508) 790-1344
Community Programs Against Sexual Abuse - *Roxbury*	(617) 442-6300
Everywoman's Center - *Amherst*	(413) 545-0800
Rape Crisis Center - *Marlborough*	(508) 485-7273
Latinas Against Sexual Assault - *Lawrence*	(508) 685-2480
Massachusetts General Hospital Rape Emergency Unit - *Boston*	(617) 726-2000
N.E.L.C.W.I.T - *Greenfield*	(413)772-0806
New Hope Sexual Assault Program - *Attleboro*	(800) 323-4673
Norfolk County Sexual Assault Unit - *Dedham*	(617) 326-1111
North Shore Rape Crisis Center - *Beverly*	(800) 922-8772
Women's Place Crisis Center - *Brockton*	(508) 588-8255
Project Rap Crisis Team - *Beverly*	(800) 922-8772
Rape Crisis Center of Berkshire County - *Pittsfield*	(413) 442-6708
Rape Crisis Program of Central Massachusetts - *Worcester*	(508) 799-5700
Rape Crisis Program of New Bedford - *New Bedford*	(508) 996-6656
Rape Crisis Service of Greater Lowell - *Lowell*	(800) 542-5212
Women's Protective Services - *Framingham*	(508) 626-8686

Massachusetts Victim/Citizen Advocacy and Support Groups

Charlestown After Murder Program (CHAMP)	(617) 848-8973
Citizens for Safety	(617) 542-7712
Clothesline Project	(508) 385-7004
Joey Fournier Victim Services	(617) 248-0066
Massachusetts Citizens to Prevent Handgun Violence	(617) 437-9384
Mothers Against Drunk Driving *(see also chapter listings)*	(800) 438-6233
Parents of Murdered Children	(617) 499-7998
Peace At Home	(617) 482-9497
People of Color Against Homicide	(617) 436-5473
Survivor Connections	(401) 941-2548

Statewide Research and/or Advocacy Organizations

Boston Coalition	(617) 451-1441
Children's Law Center of Massachusetts	(617) 581-1977
Civil Liberties Union of Massachusetts (CLUM)	(617) 482-3170
Crime and Justice Foundation	(617) 426-9800
Education Development Center	(617) 969-7100
Flaschner Judicial Institute	(617) 542-8838
Massachusetts Coalition of Battered Women Service Groups	(617) 248-0922
Massachusetts Coalition of Rape Crisis Service Centers	(508) 852-7600
Massachusetts Law Reform Institute	(617) 357-0700
Massachusetts Society for the Prevention of Cruelty to Children	(617) 587-1500
National Organization for Women - Massachusetts	(617) 782-1056
Adolescent Wellness Program	(617) 534-5196

State Agency Resources:

Administrative Offices of the Trial Court	(617) 742-8575
AIDS/HIV Bureau (DPH)	(617) 624-5300
Attorney General's Office	(617) 727-2200
Board of Bar Overseers	(617) 357-1860
Child Support Enforcement Division	(617) 577-7200
Citizen Information Service	(617) 727-7030
Committee for Public Counsel Services	(617) 482-6212

Corrections Department (DOC)	(617) 727-3300
Criminal History Systems Board	(617) 660-4690
Criminal Justice Training Council	(617) 727-7827
Disabled Persons Protection Commission	(617) 727-6465
District Court Administrative Office	(508) 745-9010
Elder Affairs, Executive Office	(617) 727-7750
Family Violence and Sexual Abuse Resources	(617) 624-5070
Governor's Alliance Against Drugs	(617) 727-0786
Governor's Highway Safety Bureau	(617) 727-5073
Governor's Office	(617) 727-3600
Governor's Office of Constituent Services	(617) 727-6250
Judicial Conduct Commission	(617) 725-8050
Judicial Institute	(617) 742-8383 x217
Juror Information Line	(800) 843-5879
Juvenile Court Administrative Office	(617) 367-5767
Massachusetts Commission Against Discrimination: Eastern	(617) 727-3990
Massachusetts Commission Against Discrimination: Western	(413) 739-2145
Massachusetts Legal Assistance Corporation	(617) 367-8544
Massachusetts Office for Children	(617) 727-8900
Massachusetts Office for Victim Assistance	(617) 727-5200
Massachusetts Office on Disability	(617) 727-7440
Massachusetts State Police	(508) 820-2300
Massachusetts State Police, Missing Person Unit	(800) 622-5999
Mental Health Department (DMH)	(617) 727-5500
Parole Board	(617) 727-3271
Patient Abuse Advisory Office (DPH)	(800) 462-5540
Probate and Family Court Administrative Office	(617) 742-9743
Probation, Office of the Commissioner	(617) 727-5300
Public Health Department (DPH)	(617) 624-6000
Public Safety, Executive Office	(617) 727-7775
Public Welfare Department (DPW)	(617) 348-8500
Refugees and Immigrants Office	(617) 727-7888
Social Services Department (DSS)	(617) 727-0900
Superior Court Administrative Office	(617) 725-8130
Supreme Judicial Court	(617) 557-1000
Victim Compensation and Assistance Division	(617) 727-2200
Victim and Witness Assistance Board	(617) 727-5200
Violence Prevention Office (DPH)	(617) 624-5070
Youth Services Department (DYS)	(617) 727-7575

Massachusetts State Correctional Facilities

Bay State Correctional Center	(617) 727-8474
Boston State Pre-Release Center	(617) 727-8130
Bridgewater State Hospital	(508) 697-8161
Lancaster Pre-Release Center	(508) 368-8388
Massachusetts Boot Camp	(617) 727-1507
MCI Cedar Junction/Walpole	(508) 668-4730
MCI Concord	(617) 727-1950
MCI Framingham	(617) 727-5056
MCI Lancaster	(508) 792-7590
MCI Norfolk	(508) 668-0800
MCI Plymouth	(617) 727-8938
MCI Shirley	(508) 425-4341
Northcentral Correctional Institution	(508) 792-7560

Federal Agency Resources:

Bureau of Alcohol, Tobacco and Firearms: Boston	(617) 565-7040
Bureau of Justice Statistics Clearinghouse	(800) 732-3277
Bureau of Justice Statistics Response Center	(800) 421-6770
Centers for Disease Control and Prevention	(404) 639-3311
Child Abuse and Neglect Clearinghouse	(800) 394-3366
Drug Enforcement Administration: Boston	(617) 557-2100
Drug Information Policy Clearinghouse	(800) 666-3332
Federal Bureau of Investigation: Boston	(617) 742-5533
Institute of Justice Clearinghouse	(800) 851-3420
Juvenile Justice Clearinghouse	(800) 638-8736
National Center for Injury Prevention and Control	(770) 488-4696
National Clearinghouse for Alcohol and Drug Information	(800) 729-6686
National Conference of Commissioners on Uniform State Laws	(312) 915-0195
Office for Victim of Crime Resource Center	(800) 627-6872
Supreme Court of the United States	(202) 479-3000
U.S. Attorney's Office: Boston	(617) 223-9400
U.S. Department of Justice	(202) 514-2000
U.S. Office for Victims of Crime	(202) 307-5983
U.S. Office of Juvenile Justice and Delinquency	(202) 307-0751
U.S. Office on Violence Against Women	(202) 616-8894
Violence and Traumatic Stress Research Branch	(301) 443-3728

National Professional Organizations:

American Bar Association	(202) 662-1000
American Correctional Association	(612) 928-4658
American Counseling Association	(703) 823-9800
American Probation and Parole Association	(606) 244-8207
American Professional Society on the Abuse of Children	(312) 554-0166
American Psychiatric Association	(202) 682-6000
American Psychological Association	(202) 336-5500
American Public Health Association	(202) 789-5600
Association of Paroling Authorities: Victims' Committee	(916) 354-1781
Coalition of Victims' Attorneys and Consultants	(703) 276-2880
National Association of Attorneys General	(202) 326-6000
National Association of Crime Victim Compensation Boards	(703) 370-2996
National Criminal Justice Association	(202) 347-4900
National District Attorneys Association	(703) 549-9222
National Governors' Association	(202) 624-5300
National Sheriffs Association	(800) 424-7827
National Association of Social Workers	(202) 408-8600
National Association of Women Judges	(757) 259-1841
National Association of Women Lawyers	(312) 988-6186
U.S. Conference of Mayors	(202) 293-7330
Victim Offender Association	(714) 836-8100

Parents of Murdered Children	(513) 721-5683
Remove Intoxicated Drivers USA	(518) 393-4357
Security on Campus, Inc.	(610) 768-9330
Victims CAN (Constitutional Amendment Network)	(703) 276-2880

National Research and/or Advocacy Organizations

American Association of Retired Persons	(202) 434-2277
American Civil Liberties Union	(212) 944-9800
American Indian Law Center	(505) 277-5462
American Judicature Society	(312) 558-6900
Amnesty International	(212) 807-8400
Anti-Defamation League .	(212) 490-2525
Battered Women's Justice Project	(800) 537-2238
Campus Violence Prevention Center	(410) 830-2178
Center for Constitutional Rights	(212) 614-6464
Center for Law and Justice	(206) 685-2043
Center for the Prevention and Control of Interpersonal Violence	(313) 577-6690
Center for the Prevention of Sexual and Domestic Violence	(206) 634-1903
Center for the Study and Prevention of Violence	(303) 492-1032
Center for the Study of Crime Victims' Rights, Remedies & Resources	(203) 932-7041
Center for Women Policy Studies	(202) 872-1770
Center to Prevent Handgun Violence	(202) 289-7319
Child Abuse and Neglect Clearinghouse	(800) 394-3366
Children's Defense Fund	(202) 628-8787
Council of State Governments	(606) 244-8000
Family Violence Prevention Fund	(415) 252-8900
Foundation for the Prevention of Child Abuse	(419) 535-3232
Handgun Control, Inc.	(202) 898-0792
Health Resource Center on Domestic Violence	(888) 792-2873
Kempe National Center on Child Abuse	(303) 321-3963
National Center for Missing and Exploited Children	(800) 843-5678
National Center for Prosecution of Child Abuse	(703) 739-0321
National Center for State Courts	(804) 253-2000
National Center on Elder Abuse	(202) 682-0100
National Center on Women and Family Law	(212)594-1008
National Children's Advocacy Center	(205) 533-0531
National Committee for the Prevention of Child Abuse	(312) 663-3520
National Committee for the Prevention of Elder Abuse	(508) 793-6166
National Crime Prevention Council	(202) 466-6272
National Crime Victims Research and Treatment Center	(803) 792-2945
National Gay and Lesbian Task Force	(202) 332-6483
National Indian Justice Center	(707) 762-8113
National Law Enforcement Council	(202) 835-8020
National Organization for Women	(202) 331-0066
National Organization of Victim Assistance	(202) 232-6682
National School Safety Center	(805) 373-9977
National Victim Center	(703) 276-2880
NOW Legal Defense and Education Fund	(212) 925-6635
Resource Center on Child Protection and Custody	(800) 527-3223
State Justice Institute	(703) 684-6100
Victims' Assistance and Legal Organization (VALOR)	(703) 684-8310
Violence Policy Center	(202) 822-8200
Women's Legal Defense Fund, Inc.	(202) 986-2600

Northeastern Correctional Center	(508) 369-4120
Old Colony Correctional Center	(508) 697-3360
Park Drive Pre-Release Center	(617) 727-2275
Pondville Correctional Center	(617) 727-5203
Southeast Correctional Center	(508) 727-7672
South Middlesex Correctional Center	(508) 872-0281

Massachusetts Professional Organizations

Massachusetts Bar Association	(617) 542-3602
Massachusetts Chiefs of Police Association	(617) 723-5002
Massachusetts District Attorneys Association	(617) 723-0642
Massachusetts Medical Society	(617) 893-4610
Massachusetts Psychological Association	(617) 523-6320
Massachusetts Sheriffs Association	(617) 635-1100
Women's Bar Association of Massachusetts	(617) 695-1851
Women's Legislative Caucus	(617) 722-2800 x8433

National Hotlines and Referral Centers:

AIDS/HIV Information Hotline	(800) 342-2437
Childhelp USA	(800) 422-4453
Drug Abuse Hotline	(800) 662-4357
Family Violence Prevention Fund Information Line	(888) 792-2873
Marital Rape Information Line	(217) 244-1024
Mothers Against Drunk Driving	(800) 438-6233
National Center for Missing and Exploited Children	(800) 843-5678
National Child Abuse Hotline	(800) 422-4453
National Criminal Justice Referral Center	(800) 851-3420
National Family Violence Helpline	(800) 222-2000
National Self-Help Clearinghouse	(212) 642-2944
National Sexually Transmitted Diseases Hotline	(800) 227-8922
National Victim Center - Infolink	(800) 394-2225
National Victim Resource Center	(800) 627-6872
Rape, Abuse and Incest National Network	(800) 656-4673

National Victim/Citizen Advocacy and Support Groups

Alliance Against Intoxicated Motorists	(708) 240-0027
Alliance Against Violence in Entertainment for Children	(508) 481-6926
One Voice/American Coalition for Abuse Awareness	(202) 462-4688
Child Find of America, Inc.	(914) 255-1848
Child Help USA	(540) 399-1926
Children of Murdered Parents	(310) 699-8427
Children's Safety Network	(202) 842-4450
Coalition to Stop Gun Violence	(202) 530-0340
Compassionate Friends, Inc.	(630) 990-0010
Concerns of Police Survivors, Inc.	(314) 346-4911
Cult Awareness Network	(773) 267-7777
Incest Survivors Resource Network International	(505) 521-4260
Missing Kids International, Inc.	(703) 761-2456
Men Stopping Rape	(608) 257-4444
Mothers Against Drunk Driving	(800) 438-6233
National Coalition Against Domestic Violence	(800) 799-7233
National Coalition Against Pornography	(513) 521-6227
National Coalition for the Protection of Children and Families	(717) 728-9764
Neighbors Who Care	(703) 904-7311

GENERAL INFORMATION RESOURCES

National Criminal Justice Reference Service/Justice Information Center http://www.ncjrs.org
National Organization for Victim Assistance http://www.access.digex.net/~nova/
National Victim Center http://www.nvc.org
Office for Victims of Crime http://www.ojp.usdoj.gov/ovc/

CHILD ABUSE

American Bar Association Center on Children and the Law http://www.abanet.org/child/
American Society on the Abuse of Children http://child.cornell.edu/APSAC/apsac.home.html
Child Abuse Prevention Network http://child.cornell.edu
National Children's Advocacy Center http://fly.hiwaay.net/~ncacadm/
National Clearinghouse on Child Abuse and Neglect Information http://www.calib.com/nccanch

DOMESTIC AND FAMILY VIOLENCE

Domestic Abuse Page of the Nashville Police Department
http://www.nashville.net/~police/abuse/index.html
Family Violence Prevention Fund http://www.fvpf.org/fund/index.html
Minnesota Higher Education Center Against Violence and Abuse http://www.umn.edu/mincava
National Coalition Against Domestic Violence http://www.webmerchants.com/ncadv/default.htm
National Domestic Violence Hotline http;//www.usdoj.gov/vawo/newhotline.htm
Violence Against Women Office (U.S. Department of Justice) http://www.usdoj.gov/vawo/

DRUNK DRIVING

MADD http://www.gran-net.com/madd/madd.htm

FRAUD

National Fraud Information Center http://www.fraud.org
United States Postal Inspection Service
http://www.usps.gov/websites/depart/inspect/consmenu.htm

MISSING CHILDREN

Childquest International http://www.childquest.org/
National Center for Missing and Exploited Children http://www.missingkids.org

RAPE AND SEXUAL ABUSE

National Coalition Against Sexual Assault http://www.achiever.com/freehmpg/ncas/
Sexual Assault Information Page http://www.cs.utk.edu/~bartley/saInfoPage.html

SURVIVOR RESOURCES

David Baldwin's Trauma Information Page http://gladstone.uoregon.edu/~dvb/trauma.htm
Parents of Murdered Children http://metroguide.com/pomc/

RESOURCES ON CRIME & VICTIMIZATION

AVAILABLE FREE FROM OVC RESOURCE CENTER

Child Sexual Exploitation: Improving Investigations and Protecting Victims -- A Blueprint for Action	NCJ 153527
Child Victimizers and Their Victims: BJS Special Report	NCJ 158625
Childhood Victimization and Risk for Alcohol and Drug Arrests	FS 108
Parental Kidnapping	FS 9534
Obstacles to the Recovery and Return of Parentally Abducted Children	NCJ 143458
Victims of Childhood Sexual Abuse: Later Criminal Consequences	NCJ 151525
A Coordinated Approach to Reducing Family Violence: Conference Highlights	NCJ 155184
The Criminal Justice and Community Response to Rape	NCJ 148064
Managing Adult Sex Offenders in the Community -- A Containment Approach	NCJ 163387
Domestic Violence, Stalking, and Antistalking Legislation: Annual Report to Congress	NCJ 160943
Regional Seminar Series on Developing and Implementing Antistalking Codes	NCJ 156836
Threat Assessment: An Approach to Prevent Targeted Violence	NCJ 155000
Female Victims of Violent Crime	NCJ 162602
Violence Against Women: Estimates from the Redesigned Survey	NCJ 154348
Violent Families and Youth Violence	FS 9421
Assessing the Exposure of Urban Youth to Violence	FS 159
Criminal Victimization 1994: National Crime Victimization Survey	NCJ 158022
Extent and Costs of Crime Victimization: A New Look	FS 131
Fraud Victimization: The Extent, the Targets, the Effects	FS 75
Juvenile Offenders and Victims: 1996 Update on Violence	NCJ 159107
Transferring Serious Juvenile Offenders to Adult Courts	NCJ 161840
Prison Sentences and Time Served for Violence	NCJ 153858
Sex Offenses and Offenders	NCJ 163392
Violence and Theft in the Workplace	NCJ 148199
Young Black Male Victims	NCJ 147004

Balanced and Restorative Justice Project	FS 9642
Preventing Gang- and Drug-Related Witness Intimidation	NCJ 163067
Revictimization: Reducing the Heat on Hot Victims	NCJ 162951
State Crime Victim Compensation and Assistance Grant Programs Fact Sheet	FS 80
Stopping Hate Crime: A Case History From the Sacramento Police Department	FS 161
Victim Assistance Programs: Whom They Service, What They Offer	FS 84

TRAINING CURRICULA AVAILABLE FREE FROM OVC RESOURCE CENTER

Death Notification: Breaking the Bad News with Concern for the Professional and Compassion for the Survivor -- Law Enforcement	NCJ 162363
HIV/AIDS and Victim Services: A Critical Concern for the 90's	NCJ 161415
Improving the Police Response to Domestic Elder Abuse (Instructor)	NCJ 147558
Improving the Police Response to Domestic Elder Abuse (Participant)	NCJ 148831
National Bias Crimes Training for Law Enforcement and Victim Assistance Professionals (Instructor)	NCJ 155130
National Bias Crimes Training for Law Enforcement and Victim Assistance Professionals (Participant)	NCJ 155179
Trauma, Death and Death Notification: Professional Counselors and Victim Advocates	NCJ 162360
Victim Empowerment -- Bridging the Systems -- Mental Health and Victim Service Providers	NCJ 161862

VIDEOTAPES AVAILABLE FREE FROM OVC RESOURCE CENTER

After the Robbery: Crisis to Resolution (Financial Institutions)	NCJ 162842
Crime Victim Compensation: A Good Place to Start	NCJ 162359

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CRIME AND VICTIMIZATION

Crime countdown in the United States:
1 murder every 24 minutes.
1 forcible rape every 5 minutes.
1 robbery every 54 seconds.
1 aggravated assault every 29 seconds.
1 violent crime every 18 seconds.
1 property crime every 3 seconds.
1 larceny/theft every 4 seconds.
1 burglary every 12 seconds.
1 motor vehicle theft every 21 seconds.
(Crime in the United States, Uniform Crime Reports, 1995. U.S. Department of Justice, Federal Bureau of Investigation, Washington, D.C., released 10/96)

Preliminary findings from the BJS' National Crime Victimization Survey show that U.S. residents age 12 or older experienced approximately 39.6 million crimes: twenty-nine million (74%) were property crimes; 9.9 million (25%) were crimes of violence; and (1%) were personal thefts. *(Bureau of Justice Statistics. 1997. "Statistics About Crime and Victims, Preliminary Findings from Sourcebook of Criminal Justice Statistics. U.S. Department of Justice, Washington, D.C.)*

In 1993, slightly over one-third (35.1 percent) of all crimes were reported to police, with 41.6 percent of crimes of violence reported to police. A weapon was used in 27.3 percent of crimes of violence in the United States. *(Ibid., pages 245, 236)*

From 1973 to 1991, 36.6 million people were injured as a result of violent crime. Annually, about two million people are injured as a result of violent crime. *(Bureau of Justice Statistics, 1993, "Highlights from 20 Years of Surveying Crime Victims," page 15, U.S. Department of Justice, Washington, D.C.)*

One-third of violent crimes (32 percent) involve a weapon, including 92 percent of aggravated assaults, 55 percent of robberies, and 20 percent of rapes. *(Ibid., page 29)*

Of the 580,545 robberies committed during 1995, the robbing of commercial or financial establishments comprised 21 percent of all robbery cases; whereas, the largest percentage of robberies (54 percent) were committed against individual citizens on America's streets and highways. *(Crime in the U.S., Uniform Crime Reports, 1995. U.S. Department of Justice, Federal Bureau of Investigation; Washington, D.C., released 10/96.)*

Victimization rates of men exceed those of women in all violent crime categories except for rape and sexual assault. *(Crime in the United States, Uniform Crime Reports, 1995. U.S. Department of Justice, Federal Bureau of Investigation, Washington, D.C., released 10/96)*

During 1994, 138 law enforcement officers were killed in the line of duty and 260,341 were assaulted (the highest number of assaults against law enforcement personnel to date). *(Law Enforcement Officers Killed and Assaulted, 1995. U.S. Department of Justice, Federal Bureau of Investigation, Washington, D.C.)*

The incarceration rate in federal and state prisons and local jails almost doubled during the last decade. Between year-end 1985 and mid-year 1996, the incarcerated population grew an average of 7.8 percent a year -- from 744,208 to 1,630,940 inmates. *("Prison and Jail Inmates at Midyear 1996". U.S. Department of Justice, Bureau of Justice Statistics, Washington, D.C.)*

Almost three quarters of the men and women under correctional supervision in 1994 were supervised in the community, on probation or parole. *(Gilliard, Darrell and Allen Beck, 1995, "The Nation's Correctional Population Tops Five Million," Bureau of Justice Statistics, U.S. Department of Justice, Washington, D.C.)*

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COST OF CRIME

Violent crime (including drunk driving and arson,) accounts for $426.000 billion annually, and property crime accounts for $24 billion. *(Miller, Ted R., Cohen, Mark A., Wiersema, Brian. Victim Costs and Consequences: A New Look, February 1996. U.S. Department of Justice. National Institute of Justice, Washington, D.C.)*

Personal crime is estimated to cost $105 billion annually in medical costs, lost earnings and public program costs related to victim assistance. When pain, suffering, and the reduced quality of life are assessed, the costs of personal crime increases to an estimated $450 billion annually. Violent crime results in lost wages equivalent to one percent of American earnings. *(Ibid.)*

As much as 10 to 20 percent of mental health care expenditures in the United States may be attributable to crime, primarily for victims treated as a result of their victimization. These estimates do not include any treatment for perpetrators of violence. *(Ibid.)*

According to the Office of National Drug Control Policy, federal spending on drug control programs has increased from $1.5 billion in fiscal 1981 to $13.3 billion in fiscal 1995. *("Fact Sheet: Drug Data Summary" Drugs and Crime Factsheet, June 1995. Office of National Drug Control Policy, Washington, D.C.)*

Overall, rape has the highest annual victim costs at $127 billion per year (excluding child sex abuse), followed by assault at $93 billion, murder (excluding arson and drunk driving) at $61 billion, and child abuse at $56 billion. *(Ibid.)*

Four out of five gunshot victims are on public assistance or uninsured, costing taxpayers an estimated 4.5 billion dollars a year. *(U.S. News and World Report, July 1, 1996.)*

Violent crime causes three percent of U.S. medical spending and 14 percent of injury-related medical spending. *(Ibid.)*

Insurers pay $45 billion annually due to crime - roughly $265 per American adult. Government pays $8 billion annually for restorative and emergency services to victims, plus perhaps one-fourth of the $11 billion in health insurance payments. *(Ibid.)*

Victims pay about $44 billion of the $57 billion in tangible nonservice expenses for traditional crimes of violence. Employers pay almost $5 billion because of these crimes (health insurance bills, sick leave and disability insurance), and government bears the remaining costs through lost tax revenues and Medicare and Medicaid payments. *(Ibid.)*

The overall costs of property crime are staggering. In 1995, there were 12,068,358 property offenses committed for a total estimated dollar loss of $15.5 billion. Of these figures: 580,545 robberies were committed in 1995 with an estimated dollar loss of $507 million; 2,594,995 burglaries with an estimated dollar loss of $3.3 billion; 8,000,631 larcenies/thefts with an estimated dollar loss of $4.3 billion; and 1,472,732 motor vehicle thefts with an estimated loss of $7.6 million. *(Crime in the United States, Uniform Crime Reports, 1995. U.S. Department of Justice, Federal Bureau of Investigation, Washington, D.C., (released 10/96)*

Note: OVC makes no representation concerning the accuracy of data from non-Department of Justice sources.

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COST OF CRIME

Losses per Criminal Victimization (Including Attempts)

	Productivity	Medical Care/ Ambulance	Mental Health Care	Police/ Fire Svcs	Social/ Victim Svcs	Prop. Loss Damage	Subtotal: Tangible Losses	Quality of Life	Total
Fatal Crime									
Rape, Assault, etc.	$1,000,000	$16,300	$4,800	$1,300	$ 0	$ 120	$1,030,000	$1,910,000	$2,940,000
Arson Deaths	724,000	17,600	4,800	1,900	0	21,600	770,000	1,970,000	2,740,000
DWI	1,150,000	18,300	4,800	740	0	9,700	1,180,000	1,995,000	3,180,000
Child Abuse	**2,200**	**430**	**2,500**	**29**	**1,800**	**10**	7,931	52,371	60,000
SexualAbuse (incl.rape)	2,100	490	5,800	56	1,100	0	9,500	89,800	99,000
Physical Abuse	3,400	790	2,700	20	2,100	26	9,000	57,500	67,000
Emotional Abuse	900	0	2,700	20	2,100	0	5,700	21,100	27,000
Rape & Sexual Assault (excluding Child Abuse)	**2,200**	**500**	**2,200**	**37**	**27**	**100**	5,100	81,400	87,000
Other Assault or Attempt	**950**	**425**	**76**	**60**	**16**	**26**	1,550	7,800	9,400
NCVS with Injury	3,100	1,470	97	84	46	39	4,800	19,300	24,000
Age 0-11 with Injury	2,800	1,470	100	84	46	39	4,600	28,100	33,000
Non-NCVS Domestic	760	310	81	0	0	39	1,200	10,000	11,000
No Injury	70	0	65	69	9	15	200	1,700	2,000
Robbery or Attempt	**950**	**370**	**66**	**130**	**25**	**750**	2,300	5,700	8,000
With Injury	2,500	1,000	65	160	44	1,400	5,200	13,800	19,000
No Injury	75	0	66	110	15	400	700	1,300	2,000
Drunk Driving	**2,800**	**1,400**	**82**	**40**	**?**	**1,600**	6,000	11,900	18,000
With Injury	12,100	6,400	82	120	?	3,600	22,300	48,400	71,000
No Injury	170	0	82	17	0	1,000	1,300	1,400	2,700
Arson	**1,750**	**1,100**	**18**	**1,000**	**?**	**15,500**	19,500	18,000	37,500
With Injury	15,400	10,000	24	1,000	?	22,400	49,000	153,000	202,000
No Injury	8	0	18	1,000	0	14,600	16,000	500	16,000
Larceny or Attempt	**8**	**0**	**6**	**80**	**1**	**270**	370	0	370
Burglary or Attempt	**12**	**0**	**5**	**130**	**5**	**970**	1,100	300	1,400
Motor Vehicle Theft or Attempt	**45**	**0**	**5**	**140**	**0**	**3,300**	3,500	300	3,700
*Child Neglect	25	3	910	2	840	0	1,800	7,900	9,700

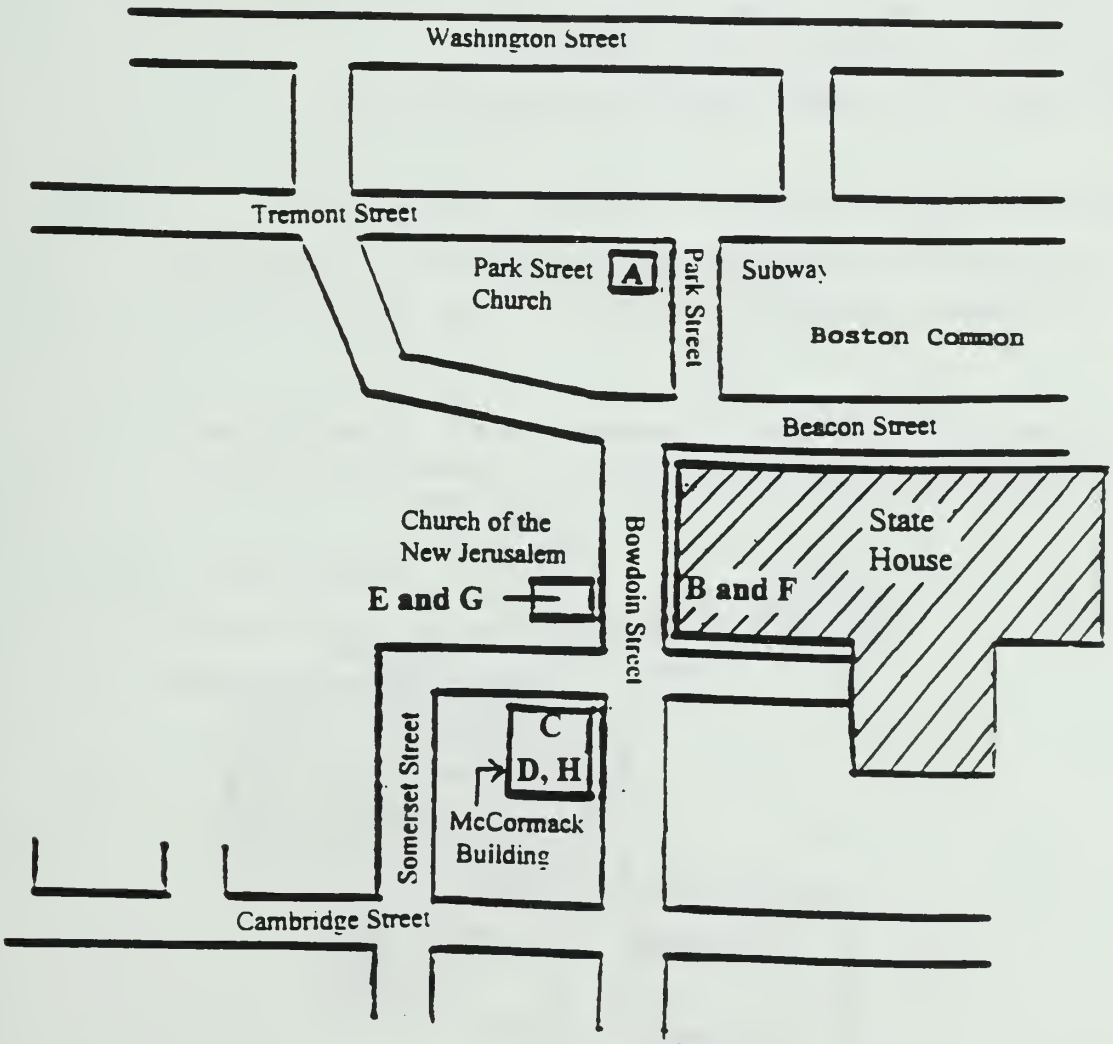
Source: Victim Costs and Consequences: A New Look, National Institute of Justice Research Report, U.S. Department of Justice, National Institutute of Justice, Washington, D.C., February 1995.

Notes: All estimates in 1996 dollars. Totals may not add due to rounding. Major categories are in bold, subcategories listed under bold headings. ? = unknown.

*Non-educational child neglect is not included in any of the total figures in the remaining tables. See text.

Workshop Locations

Workshop A (criminal justice):	Park Street Church, One Park Street
Workshop B (domestic violence):	Gardner Auditorium, State House
Workshop C (sexual assault):	One Ashburton Place, 21st Floor
Workshop D (viol. prevention):	One Ashburton Place, Lower Level
Workshop E (disabilities):	Church of the New Jerusalem, 140 Bowdoin Street
Workshop F ("Hitting Home"):	Gardner Auditorium, State House
Workshop G (homicide):	Church of the New Jerusalem, 140 Bowdoin Street
Workshop H (parole):	One Ashburton Place, Lower Level



Note: Workshop locations are indicated by corresponding letters on the map. All workshop locations are accessible to persons with disabilities.

Area Restaurants

1. REBECCA'S CAFE: Tremont Street - Salads, Soups and Sandwiches
2. LAST HURRAH/PARKER HOUSE: Tremont Street - American Cuisine
3. EMPEROR OF CHINA: Tremont Street - Chinese Cuisine
4. PUBLIK HOUSE: Beacon Street - Burgers and Sandwiches
5. HIGH SPOT DELI: Beacon Street - Pizza, Grinders and Salads
6. S & M DELI: Beacon Street - Deli Sandwiches
7. AU BON PAIN: Beacon Street - Salads, Soups and Sandwiches
8. THE BLACK GOOSE: Beacon Street - Pasta and Salads
9. LODGE'S PUSHCART: Beacon Street - Salads and Sandwiches
10. CAPITAL COFFEE HOUSE: Bowdoin Street - Burgers, Sandwiches,Salads
11. CAFETERIA AT ONE ASHBURTON: McCormack Bldg. - Sandwiches, Salads
12. ISTANBUL CAFE: Bowdoin Street - Middle Eastern Cuisine
13. THE RED HAT: Bowdoin Street - Burgers, Salads, Soups and Sandwiches
14. LEMON GRASS: Cambridge Street - Thai Cuisine
15. PLAZA DELI: Center Plaza - Salads, Soups and Sandwiches

Note: Restaurant locations are indicated by corresponding numbers.